

*family practice Oberdöbling
Dr. Mario Földy
MR Dr. Ernest Zulus, MBA
general practitioners*

Patient admission form

Welcome to the family practice Oberdöbling.
We are pleased to welcome you as a new patient.
In order for us to provide the best possible care for you, we need to ask you a few questions about your medical history. Please take the time to answer them and don't hesitate to ask us any questions you may have. Thank you very much.

Last name _____

First name _____

Birthdate _____

Phone number _____

Address, ZIP / Place

For your own interest we kindly ask for information about modifications of address or phone number as soon as possible.

Current complaints:

please turn the page!



please turn the page!



Do you suffer from any chronic diseases?

No If yes, please list them here

Have you ever had surgery/implant?

No If yes, when and what?

Which medications do you take regularly (including drops, ointments, nutritional supplements)?

Do you have any allergies (especially medication)?

No If so, what are you allergic against?

Thank you very much!

Date: _____

Signature: _____