



REGISTRATION QUESTIONNAIRE

First and family name

Phone number

Date of birth

Identification number (CZ)

Health insurance company in Czech Republic

Email address

Residential address

Occupation

Name and address of your general practitioner

(Please circle the appropriate)

Do you have a pacemaker?	YES	NO	
Do you have some metallic objects in your body?	YES	NO	Where
Are you pregnant?	YES	NO	Not aware
Are you currently treated with anticoagulation therapy? (blood thinners)	YES	NO	
Have you ever been treated as an oncology patient?	YES	NO	Year

1. Have you suffered from any serious disease?
please specify _____
2. Have you sustained any injury or trauma?
please specify _____
3. Have you ever been hospitalized?
please specify _____
4. Are you taking any medications or herbal supplements?
please specify _____
5. Do you have any allergies?
please specify _____

We kindly ask our clients to inform us if there is any change in their health status, treatments or medications

Date:

Signature:

Consent

Provision of further orthopedic services

From 1 January 2016, orthopaedic services previously provided by ORP CENTRUM s.r.o., identification no. 270 674 08, will continue to be provided to patients by ORP - ORTHO s.r.o., identification no: 04515544, due to the transfer of part of ORP CENTRUM s.r.o.

Services at ORP – ORTHO s.r.o. provided to clients will NOT BE AFFECTED by these changes. Clients will continue to be treated by the same medical team, on the same premises.

Data and information contained in your medical records at ORP CENTRUM s.r.o. will be made available to ORP-ORTHO s.r.o. in the sense of Section 45 (2) g) of Act No. 372/2011 Coll., on healthcare services and conditions for their provision, to the extent necessary to safeguard the provision of further orthopaedic services by ORP – ORTHO s.r.o. Consent to processing of personal data from the medical documentation of ORP centrum s.r.o.

Consent to the processing of personal data from medical records

I, hereby grant ORP CENTRUM s.r.o. and ORP-ORTHO s.r.o. consent to the processing of my personal data pursuant to a regulation of the European Parliament and of the Council EU 2016/679 on the protection of the personal data (GDPR), as amended for the purpose of providing them to the recipient for the purpose of providing follow-up care, while the recipient will be the ORP CENTRUM s.r.o. or ORP- ORTHO s.r.o. always according to which of these providers will provide primary health care.

Please circle the appropriate: Yes No

I, hereby consent to receiving medical documentation via email

Please circle the appropriate: Yes No

Please report your absence at least 24 hours in advance by email: info@orp.cz or phone.: +420 233 338 112 - reception desk

Please note, in regard to the physiotherapy treatment schedule pay special attention to the treatment timetable and particular to any changes you have made. Our reception desk will print out updated version for you.

The physiotherapy treatments are paid in advance and phone messages are not sent to clients to remind them of the particular change in their timetable.

Please note any absence which was not excused 24 hours prior will attract fee as follows:

330 Kč - physiotherapy 30 minutes treatment

590 Kč - physiotherapy 60 minutes treatment

If there is a repeated unexcused absence please be advised that reminder of treatments may be cancelled due to our cancellation policy.

Prices list of our health services provided over a range of care covered by health insurance is available on our website www.orp.cz or at the ORP reception desk. Our treating specialist or our treatment coordinators will also advise you of our fee and cancellation policy.

I confirm that I have been duly informed of the above and by signing this document I am giving my consent.

Date:

Signature: