

Information sheet

Patient Name: _____

Practice stamp

Name of therapist

Insured status: legal private subsidy

Dear patient, Dear parents, Dear family

According to the patients' right law, the physical therapists have to clarify to their patients the process of the therapy.

This paper is for your information, please read it carefully, answer the following questions and sign the consent for treatment at the end of the sheet.

Information by the treating physician:

Did the doctor inform you about the diagnosis and therapy?

Yes No

Medical history:

Do you / your children or your relative have had a previous illness? (i.e. Osteoporosis, heart attack, tumor disease, hypertension, allergies, etc.)?

Therapeutic measure:

The following treatment is intended: _____

Possible complications:

Typically the physiotherapy is without side effect but in case of extraordinary disorders you have to notify your doctor or therapist

Note; regarding start and interruption of the treatment:

The treatment must begin not later than 14 days after the issue of medical prescription. In a treatment course, the treatment itself may be interrupted for a maximum of 14 days.

Cancellation fee:

The cancellation of the treatment appointment must be 24 hours in advance; otherwise you will be personally charged the cost of loss that have occurred.

Co-Payment / coverage of cost:

- > the patients who have legal insurance and are over 18 years old have to pay € 10 per prescription, plus 10% of the prescription value.
Payable to the physiotherapist: If the patient gets 18 years old during the treatment he must pay the 10% share for the rest of the treatment.
- > The patients who have a private insurance are recommended to clarify the level of insurance coverage before they start treatment, because every insurance company has different level of coverage for treatment.

Consent:

I have read and understood this information sheet. Moreover, the therapist informed me about the measures and he was able to clear all issues of interest on me.

He informed me that I need to pay my own contribution when I have a government insurance.

I agree to the above information of treatment

Place / date

Patient/ authorized representative

The clarification sheet handed over to the patient at the _____.

treating Physiotherapist

* if one parent signs alone, he explain with this sign, that he has the sole custody for the child or that he act with the agreement of the other parent.