

Entry questionnaire for examination of the musculoskeletal system

First and last name: _____ Date of birth: _____

Mobile phone number: _____ Email: _____

Health insurance company: _____ Profession: _____

How did you hear about us?

A) Web search B) Web banner C) Billboard D) Article E) Recommendation F) Other

Why did you decide to choose our services?

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Personal anamnesis/medical history: (please circle the appropriate answer and add your diagnosis)

- Surgery of the internal organs (add date, reason, process of the surgery) YES/NO.....
- Surgery of the bones or joints (add date, reason, process of the surgery) YES/NO.....
- Neurological problems, neuromuscular transmission (epilepsy, myasthenia) YES/NO.....
- Cardiovascular disorders (heart rhythm, hypertension, varices, venous insufficiency) YES/NO.....
- Functional disorders of the thyroid gland YES/NO.....
- Disease of the spine and bigger joints YES/NO.....
- Diabetes mellitus (I or II type) YES/NO.....
- Cancerous illness (add date and what organ) YES/NO.....
- Corticoid injection in the last 3 weeks YES/NO.....
- RTG therapy in the last 3 weeks YES/NO.....
- Pacemaker implemented YES/NO
- Women: Are you currently pregnant? YES/NO Month: Physiological / High-risk pregnancy

Information on shock wave treatment:

If you are undergoing therapy that involves the application of a planar, focused, or radial shock wave, you acknowledge that the treatment is only effective if you follow the regimens and other instructions of the therapist that will be explained to you during the therapy. If you decide to undergo the treatment, you agree to abide by them, otherwise you acknowledge that the treatment will not be effective enough.

Information on the processing of personal data:

FYZIOklinika s.r.o., with its registered office at Machkova 1642/2 Prague 4 Chodov, IČO: 24222101, as the administrator of personal data, hereby informs you that it will process your personal data listed in this form, as well as information on health status and other relevant data necessary for your treatment, or to plan your therapies. Your personal data is used for the purposes of fulfilling the contract, the subject of which is the medical care of you or the person in your care, i.e. for diagnosis and subsequent therapy, to contact and inform you and to maintain a customer account. Your personal data will also be used for the purpose of fulfilling legal requirements within medical care, for the legitimate interest of the administrator, i.e. especially for possible enforcement of legal claims, or for marketing purposes, so that we can offer you our products or inform you about the events we organize based on our legitimate interest via e-mail. **However, you have the option to refuse to receive such information in each incoming message and for this purpose we will no longer process your personal data.** Failure to provide personal data may result in non-conclusion and non-performance of the contract, or failure to provide answers to the questions raised. Your personal data may be processed by the contractual partners of the administrator for the purpose of your medical care, administration of SW systems, or for the purpose of transporting goods. A person-**student** gaining work experience in the profession of physiotherapist, masseur, nurse, etc. may be present and may therefore have access to some of your personal data. However, in that case you **can refuse anytime**. Personal data is stored in other EU / EEA countries in connection with the technical outsourcing of some activities of the administrator. The period of storage of your personal data is determined by the duration of our contractual relationship, or legitimate interests of the administrator or legal requirements. You have the right to access and correct personal data. If personal data is not maintained on the basis of the legitimate interests of the administrator or legal requirements, you have the right to delete, restrict, or transfer it. **You have the right** to lodge a complaint with the Office for Personal Data Protection and to object to the processing of your personal data. All necessary information about the processing of personal data can be provided to you by the administrator after sending an inquiry by email to kontakt@fyzioklinika.cz.

In Prague (date): _____

Signature: _____