



Lékařské centrum  
pro diagnostiku a léčbu  
pohybového aparátu

## REGISTRATION QUESTIONNAIRE

\_\_\_\_\_  
First and last name

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Date od birth

\_\_\_\_\_  
Identity no. (if given in CZ)

\_\_\_\_\_  
Health insurance Company in Czech Republic

\_\_\_\_\_  
Email address (see art. bellow your sign.)

\_\_\_\_\_  
Place of Residence in CZ

\_\_\_\_\_  
Occupation

Have someone from your relatives suffered from a disease such as heart disease, pulmonary disease, diabetes, gout, rheumatism, cancer?

Yes  No

please,write out: \_\_\_\_\_

Have you suffered from any serious disease?

Yes  No

please,write out: \_\_\_\_\_

Have you ever been hospitalized ?

Yes  No

please,write out: \_\_\_\_\_

Do you take some medicines?

Yes  No

please,write out: \_\_\_\_\_

Have you suffered form an allergy?

Yes  No

please,write out: \_\_\_\_\_

Have you got a pacemaker?

Yes  No

please,write out: \_\_\_\_\_

Are you pregnant?

Yes  No

please,write out: \_\_\_\_\_

Who were you recommended by?

\_\_\_\_\_  
Name and address of your doctor

How did you get to know about our company?

<input type="radio"/> Recommendation of GP	<input type="radio"/> By my family members	<input type="radio"/> By our client
<input type="radio"/> I live nearby	<input type="radio"/> From web sites	<input type="radio"/> From press
<input type="radio"/> Recommendation of another doctor	<input type="radio"/> By my colleague	<input type="radio"/> The other way

**We ask clients to inform us about changes in health status and medication.**

**Patient's consent for the provision of orthopaedic services by ORP – ORTHO s.r.o.**

**Provision of further orthopaedic services.**

*From 1 January 2016, orthopaedic services hitherto 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. will be provided by the same medical team, on the same premises and therefore, there will be no changes from the patient's perspective.***

*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.*

I hereby grant ORP CENTRUM s.r.o. and ORP-ORTHO s.r.o. consent to processing of personal data within the meaning of Act 101/2000 Coll., on Personal Data Protection, as amended for the purpose of its provision to the recipient for the purpose of ensuring follow-up care, whereas this recipient shall be ORP CENTRUM s.r.o. or ORP-ORTHO s.r.o. always according to whichever of these providers provides primary health care.

**Declaration of patient's choice of orthopaedic services provider**

Pursuant to Section 28 (3) b) of Act No. 372/2011 Coll., on healthcare services and conditions for their provision, under which the patient has the right to choose their healthcare provider,

**I hereby give my consent for orthopaedic services hitherto provided to me personally by ORP CENTRUM s.r.o. to be further provided by ORP-ORTHO s.r.o.**

Please report your absence at least 24 hours in advance on email: [info@orp.cz](mailto:info@orp.cz) or phone .: +420 233 338 112, +420 773 677 687. **In the case of unexcused or late excused absences client will be charged for damages for the reservation of capacity in the amount of 100,- (electrotherapy), 250,- (physiotherapy 30 minutes) and 500,- (physiotherapy 60 minutes).**

Prices of services including health services provided over a range of care covered by health insurance is available on our website [www.orp.cz](http://www.orp.cz) and at the reception desk.

**I confirm, that medical documentation can be sent via email.**

**I have been duly informed of the above and by my signature give my consent thereto.**

**Consent to receive commercial and business communication**

I, the undersigned, confirm, that in accordance with § 7 of the Act. No. 480/2004 Coll., on commercial and business information services, I authorize ORP Centrum s.r.o. consent to receive on my address commercial communications of the company.

Contact me via email or phone listed at the top of this questionnaire.

I am aware that I can withdraw this consent at any time (unsubscribe immediately), end it electronically to the email address of that I will be commercial communications sent and the following day will be my decision valid for ORP Centrum Ltd., or disapprove it by a strikethrough this consent when completing the registration questionnaire.

Date:

Signature:

