KINDERWUNSCH
AM SEESTERN

ADMISSION INFORMATION NEW PATIENT / PARTNER

PERSONAL DETAILS PATIENT	PERSONAL DETAILS PARTNER*
Last name:	Last name:
First name:	First name:
Date of birth:	Date of birth:
Place of birth:	Place of birth:
Occupation/Profession:	Occupation/Profession:

ADDRESS / CONTACT DETAILS PATIENT	ADDRESS / CONTACT DETAILS PARTNER*
Street and no.:	Street and no.:
ZIP code:	ZIP code:
City:	City:
Phone no.:	Phone no.:
Mobil phone no.:	Mobil phone no.:
E-mail-Address:	E-mail-Address:

HEALTH INSURANCE PATIENT	HEALTH INSURANCE PARTNER*
Type of insurance: ☐ legally insured ☐ private	Type of insurance: ☐ legally insured ☐ private
Health insurance:	Health insurance:
Insurance no.:	Insurance no.:

YOU WANT:

- ☐ Consultation
- ☐ Freezing of germ cells/-tissue to preserve fertility
  - before germ cell damaging therapy
  - without a medical indication (social freezing)
- ☐ Further diagnostics
- ☐ Other wishes:
- ☐ In vitro fertilization (IVF/ICSI)
- ☐ Sperm transfer from husband/partner
- ☐ Donor sperm treatment

PARTNERSHIP INFORMATION*

- ☐ We hereby declare that we are married to each other.
- ☐ We live in a partnership designed to last.
- ☐ We live in a same-sex partnership that is designed to last.

DATE, SIGNATURE PATIENT	DATE, SIGNATURE PARTNER*

<u>Important notice:</u> *Please submit all pages in ful and cross out any pages or sections that do not apply to you. The corresponding positions are marked with an asterisk (*)*

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MEDICAL HISTORY PATIENT

PERSONAL DETAILS PATIENT

Last Name:

First name:

Date of birth:

Patient-ID:

DISEASES

Basic diseases (e.g. high blood pressure, thyroid disease):

Operations (type and year of operation):

Fallopian tubes tested for patency (if yes, when and how?)**:**

Endometriosis (you or in your family):

☐ yes ☐ no

Thromboses (you or in your family)**:**

Genetic diseases (you or in your family):

MEDICATION

Regular medication
(medication and dosage, e.g. Femibion 1 / day):

Medication allergy (if yes, what medication?):

Other allergies:

DATE, SIGNATURE PATIENT

WISH FOR A CHILD

Desire to have children exists since:

Children or conceived pregnancies
(e.g. 2020, birth of healthy boy or 2021 miscarriage):

☐ in current partnership ☐ in another partnership

Previous fertility treatment
(e.g. stimulation by gynaecologist, 2x IVF in 2019):

CYCLE

First menstrual period at the age of _____ .

Cycle length (e.g. 26 - 28 days):

Bleeding duration (e.g. 4 - 5 days):

Bleeding intensity (e.g. light, medium, heavy, very heavy):

Menstrual pain: ☐ yes ☐ no

Last menstrual period (first day):

OTHER INFORMATION

Smoking ☐ yes ☐ no

Alcohol ☐ yes ☐ no

Body height (cm): Body weight (kg):

Please bring the following documents with you to the appointment:

- **last cancer screening (“Pap-Abstrich”)**
- **vaccination pass**
- **marriage certificate**

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MEDICAL HISTORY PARTNER*

PERSONAL DETAILS PARTNER

Last name:

First name:

Date of birth:

Patient-ID:

DISEASES

Basic diseases (e.g. high blood pressure, thyroid disease):

Operations (type and year of operation):

Undescended testis in childhood (yes / no)**:**

Has a spermiogram already been carried out?
(yes / no, if yes when?):

Genetic diseases (you or in your family):

DESIRE TO HAVE CHILDREN

Children or conceived pregnancies
(e.g. 2020, birth of healthy boy or 2021 miscarriage):

☐ in current partnership ☐ in another partnership

Previous fertility treatment
(e.g. stimulation by gynaecologist, 2009 2x IVF):

MEDICATION

Regular medication
(medication and dosage, e.g. Femibion 1 / day):

Medication allergy (if yes, what medication?):

Other allergies:

OTHER INFORMATION

Smoking	☐	ja	☐	nein
Alcohol	☐	ja	☐	nein

Body height (cm): Body weight (kg):

DATE, SIGNATURE PARTNER

KINDERWUNSCH AM SEESTERN

DATA PROTECTION INFORMATION AND DECLARATION OF CONSENT FOR THE USE OF CONTACT DATA

PERSONAL DETAILS PATIENT	PERSONAL DETAILS PARTNER*
Last name:	Last name:
First name:	First name:
Date of birth:	Date of birth:

When protecting your personal data, the MVZ Kinderwunsch Group applies the highest standards in accordance with European and German data protection laws and has implemented extensive technical and organisational measures in its business processes for this purpose, as well as obliging its employees to maintain confidentiality. We protect your personal data to the best of our ability and, in particular, process your health data exclusively in the context of your medical treatment and collect it only as far as necessary (data economy).

Responsible for data processing is MVZ Kinderwunsch am Seestern GmbH (Managing Directors: Susanne Ehnert, Kathleen Hahne-Schröder), Niederkasseler Lohweg 181-183, 40547 Düsseldorf, seestern@mvz-kinderwunsch.com, +49 211 90 19 70.

Our Data Protection Officer is Marion Meyer (QMedicus Consulting), Wülflingerstrasse 263a, CH-8408 Winterthur, info@qmedicus.de, +49 160 95 22 42 41.

Purpose of data processing and legal basis

The collection of health data is a prerequisite for your treatment. It must be available to ensure careful treatment. The data concerned may include medical histories, diagnoses, therapy recommendations and results that we or other doctors collect, or it made available to us by other doctors (e.g. doctors' letters).

The data processing is based on the legal requirements in order to fulfil the treatment contract between you and your doctor and the associated obligations, in particular in accordance with §630 a-h BGB (Federal Civil Code), §10 Ärztliche Berufsordnung (Federal Medical Professional Code) and §80 SGB X (Federal Social Code X) and is subject to the legal basis according to Article 9 Paragraph 2h) GDPR (EU General Data Protection Regulation) in conjunction with §22 Paragraph 1 No. 1 b) BDSG (Federal Data Protection Act).

Recipients of your data

We only transfer your personal data to third parties if this is permitted by law or you have given your written consent. Recipients may primarily be other doctors, pharmacies, the medical service of the health insurance, medical associations and, for billing purposes, the association of statutory insurance doctors, health insurance companies and private medical clearing centers. The data is transferred for the processing of medical questions and questions arising from your insurance relationship, for the provision of individual medication or for the billing of the services provided to you. Should it be required to forward data to other recipients, we will contact you separately in each individual case.

If we use data processors, for example for IT services and maintenance, we ensure an appropriate level of data protection together with the service provider by adequate processing contracts in accordance with Article 28 GDPR as well as data protection certifications and, if applicable, EU standard contractual clauses. If applicable, please note the additional data protection declarations of our service providers, for example for video consultation.

Saving your data

We keep your personal data as long as is required to carry out your treatment. Mandatory legal obligations, especially medical and tax/commercial retention periods, remain unaffected by this. Depending on your treatment there may be retention periods of 10 years (Federal Medical Professional Code), 30 years (Federal Genetic Diagnostics Act, Federal Transplantation Act) and 110 years (Federal Sperm Donor Register Act). After the retention periods have expired, your data will be deleted from our archives.

Saving your data

We would like to point out that the processing of personal data by us results in data subject rights in accordance with the data protection laws. You have the right to free in charge information, correction, deletion, and restriction of the processing of your personal data. Furthermore, you have the right to data portability, the right not to be subject to a decision based solely on automated processing and the right of withdrawal. However, the legality of the processing is not revoked retroactively. Furthermore, you have the right to appeal to us or to the responsible data protection supervisory authority.

If you would like to address data subject rights or have questions regarding the processing of personal data by us, please contact our Data Protection Officer.

We attach great importance to excellent patient service. An important part of this service is being able to contact you easily and at short notice. Therefore, we ask you for the following consents.

Einwilligungserklärung zur Datenverarbeitung

I / WE HEREBY AGREE TO	
☐	that the MVZ Kinderwunsch am Seestern will remind me / us of agreed appointments via the provided e-mail address or by SMS via the provided phone number.
☐	that the MVZ Kinderwunsch am Seestern sends me / us the information accompanying care and treatment via the provided e-mail address.
☐	that the MVZ Kinderwunsch am Seestern may contact me / us via the e-mail provided for the purpose of their own quality assurance.

Your declaration of consent is made on a purely voluntary basis and can be revoked in full or in part at any time in written form with effect to the future. To do so, please contact our Data Protection Officer. Please also note the data protection information on the processing of your personal data. Further information on data protection is available on www.mvz-kinderwunsch.com.

I / we have received a copy of this declaration.

DATE, SIGNATURE PATIENT	**DATE, SIGNATURE PARTNER***