

<b>Initial interview:</b> _____._____._____ at _____	<b>Absolutely to bring: Insurance cards and transfer slips from both!</b> Copy of reports, gynaecologist's cancer screening, blood group cards and vaccination certificates if present.
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**Patient questionnaire**

Dear patient,  
to complete our medical documents please answer the following questions.  
Data are used exclusively for therapeutic purposes and are bound to medical confidentiality.

**patient**

last name: \_\_\_\_\_ first name: \_\_\_\_\_  
 job: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 Name of doctors and cross the mailer, if report is requested.  
 gynaecologist  / family doctor : \_\_\_\_\_ insurance: \_\_\_\_\_  
 \_\_\_\_\_ allergies / intolerances: \_\_\_\_\_  
 size: \_\_\_\_\_ cm weight: \_\_\_\_\_ kg  
 nikotine: yes  no  Handy: \_\_\_\_\_  
My partner is allowed to ask for my reports? yes  no   
**Don't forget** your annual cancer screening at your gynaecologist,  
 because we're not doing it! Last cancer screening: \_\_\_\_\_.\_\_\_\_\_.\_\_\_\_\_

**patient**

last name: \_\_\_\_\_ first name: \_\_\_\_\_  
 job: \_\_\_\_\_ date of birth: \_\_\_\_\_  
 Name of doctors and cross the mailer, if report is requested.  
 urologist  / family doctor : \_\_\_\_\_ insurance: \_\_\_\_\_  
 \_\_\_\_\_ allergies / intolerances: \_\_\_\_\_  
 size: \_\_\_\_\_ cm weight: \_\_\_\_\_ kg  
 nikotine: yes  no  Handy: \_\_\_\_\_  
My partner is allowed to ask for my reports? yes  no

Are you married to the partner mentioned here? yes  no

Have you or your partner been on a long-distance trip in the last 6 months?  
 (Zika virus spreading: Central America, South America, Caribbean, Africa, South-East Asia, Pacific Islands)

no  yes   in \_\_\_\_\_

With my signature I confirm the correctness of my data and agree to the [privacy statement on the back](#).  
 I also authorise "Kinderwunsch Bremen" to communicate my reports in the described ways and I agree to the transmission of my reports and medical data by electronic media.



**patient:** \_\_\_\_\_  
 date signature

**patient:** \_\_\_\_\_  
 date signature



Dear patients,  
please take a moment on your own behalf.

We are required by law to handle your personal information more carefully than before. You must first agree to the storage and use of your data. This creates transparency. You decide which company is allowed to store and use personal information about you.

In the context of your treatment, data, which must be processed for your treatment, is collected to the required extent in order to fulfil the treatment contract. These may also be passed on to third parties (e.g. laboratories, doctors providing further treatment), insofar as this is necessary in compliance with the relevant data protection regulations. We will only pass on your personal data to third parties, if this is legally permitted or you have given your agreement.

In order to ensure optimal and smooth treatment in the "Kinderwunsch Bremen" practice, all doctors and medical staff can access your data and process it as required.

Since we do not perform all analyses and storage in our laboratory, patient data and material are sent to our partner laboratories (KryoTEC, Medizinisches Labor Bremen, Labor Minden) if required.

We appoint the Kassenärztliche Vereinigung (KV) Bremen and the PrivatVerrechnungsStelle der Ärzte und Zahnärzte Bremen or Niedersachsen to bill our services for you. The purpose of this cooperation is to reduce our administration of accounting issues. This gives us more time for optimal care of our patients.

Furthermore, an anonymous statistical evaluation of the treatment data is carried out by the regional medical chambers. This is prescribed by law. The data are evaluated and checked annually by the quality assurance body QS-Repromed of the German Medical Association. Furthermore, the anonymised data are used by the German IVF Register for scientific analysis and made available to the public.

The health data processed by the practice will be deleted after the legal retention periods ends. You have the right to obtain information about your personal data. You can also request the correction of incorrect data.

In addition, under certain conditions, you have the right to have your data deleted, the right to restrict data processing and the right to data transferability. Please address your data protection concerns directly to our data protection officer in practice:

Carsten Dobberstein  
Fon 05331-94506-60  
cdobberstein@stecado.de

In the case of pregnancy and birth, please ensure that medical data on the course of pregnancy, the birth and the child's state of health are provided by the attending physicians and by you to the "Kinderwunsch Bremen". Thank you 😊