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Dear parents,
thank you very much for being interested in our practice. Unfortunately we have been forced to put a limit to the amount of patients, who we can take on. The long opening hours and the number of appointments in the evening hours are a burden for our patients, our staff and their family's.

On the other hand we know how difficult it is for many families to find a pediatrician in Wolfsburg who takes on new patients. That's why we are making exceptions in very urgent cases. For that reason we would like you to fill in this form.

The informations you provide are only used to evaluate your case and to decide about the urgency of your matter. Feel free to **not** answer any questions you don't feel comfortable with.

Name of your child:.....

Date of birth:.....country/city:.....

Previous pediatrician:

Health insurance:.....

Personal data of parents

Mother

Surname, first name:.....date of birth: height:.....

Profession:.....

Father

Surname, first name:.....date of bith:..... height:.....

Profession:.....

Address:

E- Mail address:.....tel:.....mobile:.....

Name of siblings:

.....date of birth:.....

.....date of birth:.....

.....date of birth:.....

Known diseases of your child:

Know intolerances/ allergies of your child:.....

Any operations (which and when).....

Medication:.....

Vaccinations:.....

Why have you picked our practice:.....

If you have been seen regularly by another pediatrician in Wolfsburg, why do you want to switch practices?:.....