



Dr. med. univ. Markus Moser

Kardiologische Privatpraxis

Treatment Agreement & Data Protection Notice

Patient Name: _____

Address: _____

Treatment Agreement

I request examination and treatment as a private patient.

I understand that services may exceed medically necessary care and I will bear all costs.

Billing is performed according to GOÄ (§5, §6).

Appointments must be cancelled at least 24 hours in advance.

Place, Date: _____ Signature: _____

Data Protection (GDPR)

Data is processed in compliance with GDPR and stored encrypted.

- Red Medical (AES-256, German servers)
- Eudaria documentation system
- Doctolib scheduling system
- Rights: access, correction, deletion, objection

Place, Date: _____ Signature: _____

Consent

- Appointment reminders (SMS/email)
- Recall system participation
- Billing via PVS HAG/BW (otherwise payment on site)

Place, Date: _____ Signature: _____



Dr. med. univ. Markus Moser

Medical Questionnaire

Name _____

Date of Birth _____

Phone _____

Email _____

Send reports via email:

Yes No

Insurance: Private Self-payer

Body Measurements

Height: _____ cm Weight: _____ kg BMI: _____

Weight age 20–30: _____ kg

Allergies: Yes No If yes: _____

Reason for Consultation

Medical History

- Yes No Hypertension
 - Yes No Coronary artery disease
 - Yes No Heart attack / stents
 - Yes No Valve disease
 - Yes No Diabetes
 - Yes No High cholesterol
 - Yes No Stroke
 - Yes No Peripheral artery disease
 - Yes No Lung disease
 - Yes No Thrombosis / embolism
 - Yes No Gastrointestinal disease
 - Yes No Blood disorder
 - Yes No Cancer
 - Yes No Depression / anxiety
 - Yes No Sleep disorder
 - Yes No Sleep apnea
-

Family History (<60 years)

- Yes No Hypertension
 - Yes No Sudden cardiac death
 - Yes No Heart attack / bypass
 - Yes No Stroke
 - Yes No Cholesterol disorder
 - Yes No Diabetes
 - Yes No Dementia
-

Lifestyle

Smoking: Yes No

Alcohol: Yes No

Drugs: Yes No

Exercise: Yes No >150 min/week <150 min/week

Diet:

Balanced Mixed Irregular Vegetarian/Vegan

Weight change: No Gain _____ kg Loss _____ kg

Diet awareness: Yes Partly No

Social & Mental Health

Relationship: Yes No Married

Children: Yes No

Inner tension: Yes No

Stress level: Never Sometimes Often

Workload: Low Medium High

Low mood: Never Sometimes Often

Medication

Medikament	Morgens	Mittags	abends

Additional Notes

Thank you for your cooperation.

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