Medical history questionnaire

LIPOCURA
WE SHAPE your FUTURE

Contact (please write in block letters)

Last name, first name

Date of birth

Address

Email

Telephone

Emergency contact

Occupation

Insurance

Statutory health insurance

Private health insurance

Health care subsidy [aid]

Referral

How did you hear about us?

- Medical colleagues:
- Relatives / acquaintances:
- Our website
- Facebook / Instagram
- Lipoedema portal

General medical history

Height cm

Weight kg

Do you smoke? Y N

Medication

Do you take medication regularly? Y N

- Contraceptive pill — from the age of

If so, which?

- Contraceptive pill only between the ages of
- Hormone preparations
- IUD
- Vaginal ring
- Blood pressure medication
- Heart medication
- Diabetes medication
- Thyroid medication
- Psychotropics
- Blood thinners
  - Marcumar / Xarelto / Eliquis
  - Heparin injections
  - Aspirin ASS 100
  - Other:
- Dietary supplements

Pre-existing conditions

Do you suffer from any of the following conditions?

High blood pressure	Y N
Low blood pressure	Y N
Cardiac arrhythmia, heart failure	Y N
Heart failure	Y N
Hyperthyroidism	Y N
Hypothyroidism/Hashimoto	Y N
Hypothyroidism	Y N
Diabetes type I or II	Y N
Multiple Sclerosis	Y N
Migraine	Y N
Coagulation disorder, e.g. Factor V Leiden?	Y N
Endometriosis	Y N
Polycystic ovary syndrome	Y N

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Allergies

Antibiotics: Y N
Analgesics: Y N
Other medication: Y N
Foodstuffs: Y N
If so, on which areas and when?

Prior surgeries

Have you ever undergone surgery? Y N
Private health insurance

Have you already had liposuction? Y N

If so, on which areas and when?

Did complications occur during previous surgeries, such as
Increased bleeding Y N
Abscesses/suppurations/fistulas Y N
Delayed wound healing Y N
Increased scarring Y N
Were there any other peculiarities? Y N
If yes, which ones?

Sport/exercise

What sports activities do you perform regularly?

- Jogging
- Swimming
- Aqua-cycling
- Aqua-jogging
- Fitness
- Endurance training
- Cycling
- Yoga/Pilates
- Other:

Infectious diseases

Do you suffer from any of the following infectious diseases?
Hepatitis Y N
Tuberculosis Y N
HIV Y N

Lipoedema

- I have been diagnosed with it since:

Who diagnosed the disease?

- Primary care physician
- Vascular physician
- Gynaecologist
- Other:

- I have only suspected it since:

Onset of the disease

When did your disease start?

- Childhood
- Puberty
- Pregnancy
- Menopause

Veins

Have your veins already been examined? Y N
If so, when?
Do you have any vascular diseases? Y N
Have you ever had surgery on your veins? Y N
If so, when?
Have you ever had thrombosis/embolism? Y N
If so, when?

Medical history questionnaire

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Diet

Have you ever been on a diet? Y N

If so, how many times in your life?

Were you able to lose weight? Y N

If yes, approx. kg

Time: about months ago

years ago

Did you have the impression that you hardly lost any weight on your legs? Y N

Nutrition

What is your current diet?

- Diet with approx. 1,200 kcal per day
- Normal, healthy, without counting calories
- I do not pay much attention to my diet
- Without or only few carbohydrates

Family

Have you finished your family planning? Y N

Do you already have children? Y N

If so, how many and when did you have them?

Have you breastfed? Y N

Do you have any other complaints/comments?

Compression stockings

Do you wear compression clothes? Y N

If yes, which ones?

- Circular knitted
- Flat knitted

Class 1 2 3

Since when? months ago years ago

Lymphatic drainage

Do you regularly receive lymphatic drainage? Y N

Since when? months ago years ago

Complaints

What complaints/symptoms do you have?

Bruises Y N

Sensitivity to touch/tenderness Y N

if yes, how would you rate the pain on a scale (1 is very mild and 10 is very severe)?

Pain at rest (like sore muscles) Y N

if yes, how would you rate your pain on a scale (1 is very mild and 10 is very severe)?

Feeling that your skin takes a long time to feel warm again when you come in from the cold? Y N

Heaviness in the legs Y N

Increase in volume during the day Y N

Impaired performance in the arms (e.g. when you are blow-drying your hair) Y N

Mental aspects:

Are you extremely shy to wear skirts or shorts or to go to the swimming pool? Y N

Post-treatment cost insurance

We would like to point out in accordance with § 52 (2) of the Fifth Volume of the Social Insurance Code (SGB V) that in the case of the insured person having contracted an illness/complication as a result of a medically non-indicated measure, such as an aesthetic surgery, a tattoo or a piercing, the health insurance fund is obliged to share the costs with the insured person to an appropriate extent and to refuse or reclaim the sickness benefit in whole or in part for the duration of this treatment.

As a consequence, you as the insured person must bear the costs of any follow-up treatment that may become necessary due to a medically non-indicated procedure in whole or in part yourself; furthermore, there is no entitlement to sickness benefits.

To ensure that you do not suffer any financial disadvantages as a result of it, we recommend that you take out appropriate follow-up cost insurance. If your statutory or private health insurance does not cover these costs pursuant to § 52 (2) SGB V, they can be covered by the follow-up-cost insurance.

Liposuction, the surgical treatment of lipoedema, unfortunately still remains a grey area to this day. From our perspective, there is a medical indication for surgical treatment after conservative therapy has failed, but it is not clear whether health insurance companies recognise this and accordingly cover the costs in case of potential complications. You should definitely ask your health insurance company in advance and preferably have it certified in writing that your health insurance company will cover the costs if complications arise. If it is unclear or if the insurance company from the outset refuses to cover the costs, it is advisable to take out follow-up cost insurance for your own safety.

In most cases, there is no medical indication for aesthetic procedures such as laser lifting or for surgical lifting procedures. In this case, a follow-up cost insurance would certainly make sense.

There are different providers, so please enquire in advance about the conditions and benefits of the insurance.
The follow-up cost insurance must be arranged and taken out by the patient herself.

For aesthetic corrections – irrespective of whether they are performed after a medically indicated or non-indicated surgery – the costs are also not covered by the follow-up cost insurance.

With your signature, you confirm that you received the above information about the potential necessity of follow-up cost insurance. It does not infer that a follow-up cost insurance is hereby concluded.

Place, date

Signature

Assumption of costs for patients with statutory health insurance

We would like to point out that we are a private hospital and cannot settle accounts with statutory health insurance funds. The costs of treatment in our clinic are therefore not covered by statutory health insurance funds, irrespective of whether or not they are medically indicated. Generally, patients also have no claim for reimbursement from the statutory health insurance. However, since there are sometimes changes to statutory health insurance regarding their obligation to pay benefits, in case of doubt you must clarify with your health insurance company directly whether cost coverage may potentially be considered.

With your signature you confirm that you have been informed that the statutory health insurance does not usually cover the costs of treatment in our hospital, that you have been informed about the likely amount of the treatment costs at our hospital and that you must clarify yourself whether these costs will be covered by your statutory health insurance.

Please note that cancellation of your surgery appointment fewer than four weeks before the surgery will incur a cancellation fee of 20% of the surgery costs.

.....

Place, date Signature

Cost coverage for privately insured patients

We would like to point out that the surgical treatment of lipoedema as well as potential tightening/lifting methods are not generally covered by your insurance.
We recommend that you clarify in advance whether your health insurance will cover the costs in full or in part.
It is not possible to make a general statement about cost assumption, as the tariff and contractual conditions vary greatly for each person.

With your signature you confirm that you understand that you need to clarify in advance whether your private health insurance company will cover the costs.

Please note that we charge a cancellation fee of 20% of the surgery costs if you cancel your appointment fewer than four weeks befo-re the surgery.

.....

Place, date Signature

Patient information on data protection and consent

Dear patient,

protecting your personal data is very important to us. According to the EU General Data Protection Regulation (GDPR), we are obligated to inform you about the purpose for which our hospital collects, stores or transmits data. We must also inform you about your rights as a data subject affected by data processing. We are fulfilling this obligation with this document. We have taken all efforts to provide this information in a concise, transparent, understandable and easily accessible form, using clear and simple language.

DATA CONTROLLER RESPONSIBLE FOR DATA PROCESSING

The person responsible for data processing is:
Elbklinik Hamburg GmbH, represented by Managing Director M. Sommer
Borsteler Chaussee 55
22453 Hamburg, Germany
Telephone: +49 (0)40 - 883 606 590
Fax: +49 (0)40 - 883 606 595
Email: kontakt@lipocura.de

CONTACT DETAILS OF DATA PROTECTION OFFICER

Proliance GmbH / www.datenschutzexperte.de
Datenschutzbeauftragter
Leopoldstr. 21
80802 Munich, Germany
datenschutzbeauftragter@datenschutzexperte.de

When contacting the Data Protection Officer, please identify the company to which your enquiry relates. Please refrain from including sensitive information with your request, such as a copy of an ID card.

DATA CATEGORIES AND PURPOSE OF DATA PROCESSING

Data processing is carried out in accordance with legal requirements in order to fulfil the treatment or hospital admission contract between you and Elbklinik Hamburg GmbH together with the corresponding obligations. The collection of healthcare data is a prerequisite for your treatment.
Without the necessary information, we cannot provide meticulous treatment. To this end, we process the personal data you provide to us in the medical history questionnaire. Specifically, this includes your healthcare data. These include medical histories, photos, diagnoses, therapy suggestions and findings that we or other doctors collect, but also your contact details. For these purposes, other doctors or psychotherapists from whom you are receiving treatment may also provide us with data (e.g. in medical reports).

RECIPIENTS OF YOUR DATA

We will only transmit your personal data to third parties if this is permitted by law or if you have given your consent. If you have consented, we may also use your data for certain purposes other than treatment, such as hospital mailings, information and appointment reminders concerning you. Recipients of your personal data are other physicians/psychotherapists, associations of statutory health insurance physicians, health insurance companies, the health insurance medical service, medical associations and private medical clearing offices. Data are transmitted for billing for the services provided to you and for clarifying medical questions and questions arising from your insurance situation.

Privacy policy

LEGAL BASIS

The GDPR provides for various legal bases, which we outline below.
General legal basis: The main legal basis for processing your personal data is Article 9 (2) lit. h of the General Data Protection Regulation (GDPR) in conjunction with § 22 (1) no. 1 b of the Federal Data Protection Act (BDSG) as well as the treatment contract pursuant to §§ 630 et seq. of the German Civil Code (BGB) and the laws regarding the medical professional.
The legal basis for transmission to other doctors is the treatment contract as well as § 73 (1)(b) of the Fifth Volume of the Social Insurance Code (SGB V) for the purpose of co-treatment/continuation of treatment and documentation of treatment.
Legal bases for the transmission to health insurers are in particular §§ 294 f. SGB V and 291 (2)(b) SGB V.
The legal basis for transmission to the Health Insurance Medical Service (MDK) is § 276 SGB V for the purpose of examination, consultation and assessment.
Moreover, further data transfer obligations may result from other legal requirements or be based on your consent.

STORAGE OF YOUR DATA

We only keep your personal data for as long as is necessary to carry out the treatment. Due to legal requirements, we are obligated to keep this data for at least 10 years after the completion of treatment. Other regulations may stipulate longer retention periods, for example 30 years for X-ray records under section 28 (3) of the X-ray Ordinance.

YOUR RIGHTS

You have the right to obtain information about the personal data concerning you. You may also request that incorrect data be corrected.
Furthermore, under certain conditions, you have the right to have data deleted, the right to restrict data processing and the right to data portability.
The processing of your data is based on legal regulations. Only in exceptional cases do we require your consent. In these cases, you have the right to revoke your consent for future processing.
You also have the right to complain to the competent data protection supervisory authority if you believe the processing of your personal data not to be lawful.

The address of the supervisory authority responsible for us is:
Der Hamburgische Beauftragte für Datenschutz und Informationsfreiheit
Thomas Fuchs, Ludwig-Erhard-Str. 22, 7.OG, 20459 Hamburg,
Telephone: +49 (0)40/428 54-40 40
Email: mailbox@datenschutz.hamburg.de, Website: https://www.datenschutz-hamburg.de
If you have any questions, please feel free to contact us. Elbklinik Hamburg GmbH

I am aware that data protection-sensitive information is not encrypted end-to-end when it is transmitted by email without a security certificate and can therefore potentially be viewed by third parties.
I consent to the processing of my personal data as described above. In doing so, I am aware that as healthcare data my personal data are subject to special legal protection. My consent is the legal basis for the processing of my data according to Art. 6 (1) lit. a, Art. 9 (2) lit. a and Art. 7 of the GDPR. I have the right to revoke my consent at any time with effect for the future. The objection should be addressed to: kontakt@lipocura.de.

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Place, date Signature

DECLARATION OF CONSENT TO TAKING PHOTOGRAPHS

I hereby consent to the taking of pre-operative, intra-operative and post-operative photographs in the course of my initial presentation/further treatment. This is for the sole purpose of medical documentation.
I understand that the photographs are subject to the right of persons to their own images, and I authorise Elbklinik Hamburg GmbH to use them professionally for medical purposes as appropriate. For example, this includes the showing of the photographs within the framework of medical training or in medical publications. The images are chosen in such a way that no conclusions can be drawn about the photographed person.

I am aware that preparation of a 'photographic folder', in addition to the physical examination and medical history, is an essential element for achieving the highest possible quality of treatment.

I am aware that these photos are personal data which, as healthcare data, are subject to special legal protection. I consent to the processing of the photos as described above. My consent is the legal basis for the processing of my data according to Art. 6 (1) lit. a, Art. 9 (2) lit. a and Art. 7 of the GDPR. I have the right to revoke my consent at any time with effect for the future. The objection should be addressed to: kontakt@lipocura.de.

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Place, date Signature

USE OF WHATSAPP BUSINESS

Elbklinik Hamburg GmbH wishes to use WhatsApp Business, a service provided by WhatsApp Ireland Limited, 4 Grand Canal Square, Grand Canal Harbour, Dublin 2, Ireland, for communication purposes and to contact you via WhatsApp Business for appointment reminders and appointment confirmations.
Elbklinik Hamburg GmbH needs your data to establish initial contact and to contact you during the course of your treatment. Specifically, the following data will be processed for this purpose: First name, last name, telephone number, healthcare data if applicable.

We would like to point out that the communication content (i.e. the content of the message and attached images) is encrypted from end to end. This means that the content of the messages cannot be viewed, not even by WhatsApp Ireland Limited itself. You should always use the most current Messenger version with encryption enabled to ensure encryption of the message content.
However, we would also like to point out that, although the messenger providers cannot view the content, they can find out that and when you communicate with us; furthermore, they can also identify technical information about the device you used as well as location information (known as metadata), depending on the settings of your device.

We have concluded a data processing agreement with the service provider in which we oblige them to protect our customers' data and not to pass them to third parties.
Because personal data are transmitted to the USA, further protection mechanisms are required to ensure the level of data protection provided by the GDPR. To ensure this, we have negotiated standard data protection clauses with the provider in accordance with Art. 46 (2) lit. c of the GDPR. These clauses oblige the recipient of the data in the USA to process the data in accordance with the level of protection in Europe. In cases where this cannot be ensured even by this contractual extension, we will endeavour to obtain additional regulations and commitments from the recipient.

WhatsApp's terms of use and privacy policy can be accessed via the following links: https://www.whatsapp.com/legal/; https://www.whatsapp.com/privacy https://www.whatsapp.com/legal/business-data-processing-terms
I am aware that contacting me via WhatsApp Business is voluntary and that I can withdraw my consent at any time without giving reasons and without incurring any disadvantages.

Finally, we would like to point out that for your security, we reserve the right not to answer enquiries via WhatsApp. This is the case if, for example, contractual information requires special confidentiality or an answer via WhatsApp does not meet formal requirements. In such cases, we will refer you to more adequate communication channels.

I consent to the processing of my personal data as described above. In doing so, I am aware that as healthcare data my personal data are subject to special legal protection. My consent is the legal basis for the processing of my data according to Art. 6 (1) lit. a, Art. 9 (2) lit. a and Art. 7 of the GDPR. I have the right to revoke my consent at any time with effect for the future. The objection should be addressed to: kontakt@lipocura.de. In the event of revocation of my declaration of consent, I have the right to decide whether the data collected from me will be deleted, insofar as the deletion does not conflict with any statutory provisions or official requirements.

Place, date Signature

Release from medical confidentiality

RELEASE FROM MEDICAL CONFIDENTIALITY AND CONSENT

Last name, first name | Date of birth

Address | Telephone

I agree that the required personal data may be passed on to any other attending physicians involved in the ongoing or subsequent treatment.

The personal data to be passed on are my contact details, data on my state of health and my treatment, diagnostics and findings, as well as billing data, if applicable.

I am aware that the data will only be used in connection with my treatment and that I can revoke my consent at any time. This does not apply to legal or professional obligations to provide information.

Place, date:

Patient (for underage patients: signature of legal guardian[s])

I have received the patient information leaflet, a copy of this consent form and the consent form for release from medical confidentiality. I have read and understood these documents.

Place, date | Signature

Consent form 3D scan images: MyLIPOAvatar

DECLARATION OF CONSENT FOR THE TAKING OF 3D SCAN IMAGES

For a detailed body analysis, the detailed documentation of your actual condition of the lipedema, the precise planning of the surgery and the visualization of the success of the surgery, we have recently started offering our MyLIPO-Avatar, a 3D infrared scan

Dear patient,

.....

Last name, first name and date of birth

I here by consent to preoperative, intraoperative and postoperative 3D scans being taken as part of my initial presentation/further treatment. This is done exclusively for the purpose of medical documentation. I am aware that the 3D scan images are subject to my right to my own image and hereby grant LIPOCURA GmbH permission to use them professionally for medical purposes to a reasonable extent. This includes, for example, the demonstration of the images in the context of medical education or medical publications.

Care will be taken to ensure that no conclusions can be drawn about my person. It is clear to me that the preparation of a „3D scan file", in addition to the physical examination and anamnesis, is an essential contribution to achieving the highest quality of treatment. Furthermore, I am aware that the scan recordings are personal data which, as health data and/or biometric data, are subject to special legal protection. I agree consent to the processing of the scans in accordance with the above-mentioned purposes. My consent forms the legal basis for the processing of my data in accordance with Article 6(1)(a), Article 9(2)(a) and Article 7 of the General Data Protection Regulation (GDPR). I reserve the right to revoke my consent at any time with effect for the future. The revocation is to be addressed to: kontakt@lipocura.de.

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Place, date Signature