

Every journey starts with first step.

We are honored that you consider a fertility treatment at PCOS-Zentrum and that we are allowed to be your companion on your Fertility Journey! It is our wish to make your Fertility Journey as pleasant and free from worry as possible.

Personal Data	Female	Male
Academic title		
First name		
Last name		
Maiden name		
Date of birth		
Place of birth		
Social security number (10 digits)		
Insurance institution		
Supplementary insurance		
Marital status	<input type="radio"/> married* <input type="radio"/> civil partners* <input type="radio"/> in cohabitation *Please bring along your marriage or civil partnership certificate to the first consultation.	
Citizenship		
Profession, Zip code work		
Address		
Zip code and city		
Country		
Telephone number		
Gynaecologist / Urologist (Name + Zip code, city)		
Additional information		
Preferred communication language	<input type="radio"/> German <input type="radio"/> English <input type="radio"/> Serbo-Croatian <input type="radio"/> Italian <input type="radio"/> Turkish <input type="radio"/> Arabic <input type="radio"/> Other:	
We are willing to talk about our situation and the treatment...	<input type="radio"/> ...personally & publicly (for example TV). <input type="radio"/> ... anonymously.	
How did you find out about the Kinderwunschzentrum an der Wien?	Gynaecologist / Urologist:	
	<input type="radio"/> referred us directly <input type="radio"/> suggested a few clinics	
	Online:	
	<input type="radio"/> Google search <input type="radio"/> Social media (Facebook, Instagram, YouTube) <input type="radio"/> Internet forum	
	<input type="radio"/> Recommended by family / friends / colleagues	
	<input type="radio"/> Institute / other person:	

Consent for the General Data Protection Regulation (GDPR)

Personal Data

PATIENT first and last name in capitals, date of birth

PARTNER first and last name in capitals, date of birth

IMPORTANT: Please cross out all points that you do not consent to! This consent can be revoked anytime. The legitimacy of your data processing remains unaffected until the receipt of the revocation. Please don't forget to sign this document!

Data processing and information transmission

As part of your treatment at the Kinderwunschzentrum an der Wien your personal data will be processed and saved electronically. According to paragraph 18 of Austrian reproductive law your data has to be saved for 30 years and cannot be deleted before the end of this period. If you do not consent to this we cannot offer you a treatment in our institute.

During the course of your therapy, treatment-related and personal data will be sent to you.
If your personal details change we ask you to actively transmit your new data!

We are aware that the transmission of data via unencrypted email can give third parties access to this information as well as the ability to change data. We are also aware that this can lead to knowledge of our health status. We are responsible for the truthfulness of the data as well as any transmission.

We consent to the transmission of treatment-related information (e.g. referrals, prescriptions, contracts, information newsletter, etc.) by the Kinderwunschzentrum an der Wien to the following e-mail address(es).

E-mail address patient:

E-mail address partner:

We consent to the transmission of treatment-related data by post. If you do not consent all documents will be issued to you exclusively in person. Please note that this can considerably delay or complicate your treatment.

Information transmission to partner

We consent to the transmission of treatment-related data to my partner.

Information transmission to attending physicians

We consent to the transmission of treatment-related data (treatment progression, treatment outcome) by the Kinderwunschzentrum an der Wien to our attending physician via post or email.

Signatures

Date	Signature patient	Signature partner