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last name _____

job _____

first name _____

sports

street _____

tel. number _____

zip/city _____

mobile

number _____

date of birth _____

health insurance: _____

e-mail _____

for children - policy owner with date of birth:

weight _____ **kg**

height: _____ **cm**

Where are your complaints?

Since when ? _____

Other illness, for example heart, lung, bowel, blood pressure, diabetes -mellitus?

Permanent medicine: • no • yes, especially:

blood thinning : • no • yes _____

allergy: • no • yes _____

for children:

- normal birth
- c- section
- fetal presenting breech
- clubfeet
- pigeon toes
- talipes calcaneus
- other deformity: _____

start to walk: _____

start to speak: _____

other specifics: • **no** • yes, what? _____

name and adress of family doctor/pediatrician:

I wish private medical treatment. The costs of the treatment will be calculated due to the “schedule of medical” GOÄ (Gebührenordnung für Ärzte) in Germany.

Wiesbaden, date _____ **signature** _____