



International Patient Information Checkliste

Welcome to the University Hospital Mannheim! In order to process your request for medical treatment, we ask that you fill out this form with as much detail as possible and send it to our team under the following email: ipo@umm.de

We look forward to receiving your medical request and to start planning your stay in Mannheim!

1. Patient Information:

Last Name _____

First Name _____

Date of Birth (D.M.Y) ____ . ____ . ____

Gender: Male____ Female____

Street _____ No. _____

Country _____

Postal Code _____ City _____

Telephone _____

E-Mail _____

2. What type of medical treatment are you looking for in our hospital?

- An Online Appointment (No travel required)
- An Out-patient Appointment in Germany
- In-patient treatment in Germany
 - Operation
 - Diagnostic Purposes
 - Chemotherapy
 - OTHER _____

3. Information regarding previous illnesses (e.g. high blood pressure, diabetes): _____

4. Information on previous surgeries (e.g. right knee replacement 2017): _____

5. In the case of In-patient treatment, is accommodation in a single room desired? Yes____ No____



6. Known allergies: _____

7. Have you had any imaging done (MRI/CT/PET/ X-Ray Scans)?

- Yes.
*In the case that you have had imaging taken, our office will provide you with **a link to upload medical DICOM files**. Please note that pictures of DICOM files in PDF or JPG format are not sufficient for us to thoroughly examine your medical request.*
- No.

8. Current Medication(s):	Medication Dosage:
_____	_____
_____	_____
_____	_____
_____	_____

If a Translator/Medical Advisor/Family Member/Friend is helping you submit your medical request, please fill in the following section:

9. Information concerning a Translator/Medical Advisor/Family Member/Friend:

Last Name _____
First Name _____
Street _____ No. _____
Country _____
Postal Code _____ City _____
Telephone _____
E-Mail _____

If you are planning to travel to Germany with an accompanying person, please fill in the following section:

10. Information concerning your accompanying person:

Last Name _____
First Name _____
Country _____
Telephone _____
E-Mail _____



11. Required Documents

In addition to this form, we ask that you submit the following attachments:

- A legible copy of your **passport or identification card**
- Your complete **medical documentation in German, English or French**. *This includes medical reports from your doctor, laboratory reports and analyses of any imaging/scans. Please insure that this information is current.*
- If applicable, a legible copy of the **passport** or identification card of your **accompanying person**

Thank you for your request. We look forward to welcoming you as an International Patient in our hospital.

Sincerely,

Your IPO Team
International Patient Office
Universitätsmedizin Mannheim