villaVITALIS Medical Health Resort

BECK und BECK Ärzte.

QUESTIONNAIRE | YOUR THERAPY

Your information in this questionnaire is relevant for your individual therapy and holistic treatment. Please take enough time to answer the questions as fully as possible. Your answers are used to plan the examination at the first consultation.

Send the completed questionnaire by e-mail, fax or mail back to us directly. You will be contacted within a few days regarding arrangement of an appointment. Please take with you the eventually obtained findings for the initial consultation.

SURNAME _____ NAME _____

STREET + HOUSE NUMBER _____

ZIP CODE + CITY _____

PHONE NUMBER _____ E-MAIL _____

WEIGHT _____ HEIGHT _____

DATE OF BIRTHDAY _____ INSURANCE POLICY NUMBER _____

1. What diseases and / or disorders relating to your well-being do you suffer from and since when?

_____

_____

_____

2. What is your main problem?

_____

_____

_____

3. What illnesses, operations or accidences have you been through in your live?

_____

_____

_____

4. What are your parents, grandparents or other relatives are ill with?

a. Father _____

b. Mother _____

c. Grandfather _____

d. Grandmother _____

e. Brother _____

f. Sister _____

5. What medicine are you currently taking (biological and chemical) and since when?

_____

_____

_____

Please, tick the appropriate:	normal	little	much
6. Appetite	☐	☐	☐
7. Thirst	☐	☐	☐
8. Physical exercise	☐	☐	☐

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Please, tick the appropriate:

	Yes	No
9. Insomnia	☐	☐
10. Amalgam filling	☐	☐
11. Root-treated teeth	☐	☐
12. Heart/ blood circulation problems	☐	☐
13. Shortness of breath / asthma	☐	☐
14. Fungal diseases	☐	☐

If yes, where: ☐ skin ☐ nails ☐ intestine ☐ genital area

15. Allergies	☐	☐

If yes, what: _____

16. Disturbances in the bladder / kidney area	☐	☐
17. Vomiting, nausea, bloating	☐	☐
18. Joint problems, soft tissue problems	☐	☐
19. Back pain	☐	☐
20. Restlessness, concentration disturbance	☐	☐
21. Mental problems / burden	☐	☐
22. Special dietary / food form	☐	☐

If yes, what: _____

Other notes

_____

_____

☐ I am interested in holistic diagnostics

☐ I am interested in holistic diagnostics with stay at Villa Vitalis

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