Please fill out in block capitals.

Medical history questionnaire

Please answer these questions to the best of your ability. By doing so, you are helping us to find the cause for your health problems as quickly as possible.

General information	
First and last name	
Date and place of birth	
Street Country, postcode, town	
Private tel. no.	
Work tel. no.	
Mobile no.	
E-mail address	
Occupation and employer	
Who referred us to you?	
Gender	❍ Female ❍ Male ❍ Diverse

Health-related questions		
Your concern: what brought you to us?		
Do you have an underlying medical disease? Since when, and what was the diagnosis?	❍ yes ❍ no	
Acute medical complaints: Where and since when?	❍ yes ❍ no	
Acute dental complaints: Where and since when?	❍ yes ❍ no	
Dental treatments in the past 3 years? Which?	❍ yes ❍ no	
Have you suffered a mental and/or emotional shock in the past 3 years?	❍ yes ❍ no	
For women: are you pregnant, and if yes, how many months?	❍ yes ❍ no	_______. month

Nutritional questions		
Do you consume sugar and sugary drinks? If yes, which ones and how often / how much?	❍ yes ❍ no	
Do you consume dairy products? If yes, which ones and how often / how much?	❍ yes ❍ no	
Do you eat bread and other cereal/grain products?	❍ yes ❍ no	
Do you eat meat or sausages? If yes, which ones and how much?	❍ yes ❍ no	
Do you eat fish? If yes, which ones and how often / how much?	❍ yes ❍ no	

Please fill out in block capitals.

Health & Aesthetics

Lifestyle questions		
Do you smoke? If yes, how often / how much?	❍ yes ❍ no	
Do you consume alcohol? If yes, which products?	❍ yes ❍ no	
Do you take any medications or supplements on a regular basis? If yes, which products?	❍ yes ❍ no	
How many hours a day do you spend with digital media (TV, computer, smartphone, tablet) on average?		
Do you use a DECT telephone (cordless) at home or at your place of work?	❍ yes ❍ no	
Do you make phone calls with your smartphone placed next to your ear? If yes, how many minutes a day?	❍ yes ❍ no	
Do you have Wi-Fi at home and do you turn it off at night?	❍ yes ❍ no	
Do you have Wi-Fi reception from surrounding buildings or apartments?	❍ yes ❍ no	
Do you have a demand switch in your apartment / in your house?	❍ yes ❍ no	
Do you exercise and if yes, which types of exercise and how often / how much?	❍ yes ❍ no	
How many hours do you sleep on average each night?		
What percentage of your waking hours would you categorise as being stressful?		

Signature	
I comply with receiving notifications via SMS.	Location, date, signature
I hereby confirm with my signature that all the information provided here is truthful and that I will bear all costs of the treatment, regardless of any reimbursements from payers.	Location, date, signature