

Dear Sir / Madam,

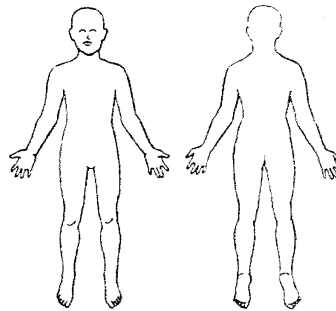
Please answer the following questions as accurately as possible.

The details will be discussed with you during the intake interview. These data remain confidential.

- Date: _____
- Name: _____ Initials: _____
- Street/number: _____ Postal code: _____
- City: _____ Date of birth: _____
- Mobile number: _____ E-mail: _____
- What is the main complaint? _____

- When and how did the complaint start? _____

- Where do you feel the complaints? (see drawing).



- Is there some regularity in the complaint pattern? _____

- Which circumstances improve or worsen the complaint?

- have you undergone physical examinations regarding the main complaint and if so what where the results? _____

- Medical history: What illnesses, operations and accidents have you gone through in your life?
Age/ disease/ Complaint/ Pregnancy / Important developments (possibly write overleave)

Name: _____

Would you like to indicate on this page which points apply to you.
Left column: Old complaints, Right column: current complaints.
At * please do cross out what does not apply.

General

- Headache daily /weekly/monthly*
- Insomnia
- falling asleep poorly or staying asleep poorly*
- Weight change decrease / increase*
- Dizziness
- Vertigo
- Fatigue mornig/afternoon/evening/continuous*
- Double vision, see faintly

Respiratory tract – throat -nose-ears

- Breathlessness
- Chronic coughing
- Chronic cold
- Asthma
- Sore throat – inflammation
- Sinusitis

- Ringing in the ears

Heart and bloodvessels

- High / Low Blood pressure*
- Swollen glands
- Arteriosclerosis
- Irregular heart beat
- Chest pain
- Cold hands / feet
- Varicose veins
- Retain moisture

Urinary tract

- kidney infection / kidney stones
- painful urination
- prostate complaints
- urinary infection
- venereal disease
- change in urination
- Libido

Female

- Pregnant Yes / No
- Painful periods
- Irregular periods
- Prolonged menstruation
- Sore breasts
- Premenstrual syndrome

Stomach / Intestines

- Intestinal inflammation
- Constipation
- Diarrhea
- Dry mouth
- bloated stomach
- Nausea
- Flatulence
- Bublging belly
- Gastric acid
- Bleeding
- Abdominal Pain / cramps*
- Other

Muscles / Joints

- Tense muscles / Sagging muscles*
- Low back pain
- Neck pain
- Tingling / Radiation
- Muscle pain / cramps*
- Joint pain
- Movement restriction
- Rheumatism

Skin

- Eczema / Skin rash*
- Bruising easily
- Dry skin / perspiration*
- Itching
- Fast breaking nails
- Hair loss

Condition

- Nervousness
- Depression
- Over-anxiety
- Concentration weakness
- Memory impairment
- Anxiety
- Worry
- Listlessness
- Bottle up
- Low self-esteem
- Grief
- Indecision
- Irritability
- Hot flushes
- Other.....