

Questionnaire for your patient history file

Please fill out the following information completely. Your answers on this questionnaire are important for the planning of our therapies. Please take your time and answer as accurately as possible. If there is not enough space for your entries, please add a separate page. Your answers serve likewise to help us to plan the examinations for the first consultation.

Please, send this questionnaires back with the particular sheets and the signed instruction card «General information on the concept of holistic therapy» (enclosed) by post or fax.

You will be contacted by us within 10 working days concerning an appointment date. You do not need a medical transfer for your registration. If you do have one however, please include it.

Please bring along all previous test results or radiographs (x-rays) to the first consultation.

Many thanks and best wishes,
The Teams of the Paracelsus Clinics Lustmühle and al Ronc

Family name

First name

Birth date

Patient Nr. (will be filled out from us)

↓ Please leave this column empty. ↓

1. What is your main problem?

2. Do you have any further symptoms or illnesses?

3. Please list any previous illnesses, operations or accidents chronologically:

4. Does your family have a history of any illnesses?

