

### **Questionnaire for new patients / treatment contract**

Dear patient,

Welcome in our PRACTICE FOR CHIROPRACTIC.

Please fill in this questionnaire in advance.

Your data will be kept absolutely confidential.

They help us with the diagnosis and serve your safety.

#### **Personal Details**

Name

Date of birth

Address / post code

Telephone / mobile

E-mail

Do you have children? (age)

What is (was) your job?

Dear patient, are you currently pregnant?

yes, in the ..... week  no

Type of health insurance

Gesetzlich

Privat

Beihilfe

Heilpraktiker-Zusatzversicherung

Were you born naturally?  yes

Caesarean section

Suction cup birth

Forceps delivery

What health problems do you currently have?

How long have you had these symptoms?

Have you ever had these symptoms before?

the first time       yes       regularly

The complaint started  suddenly       gradually

Have you already been treated?  doctor       alternative practitioner

Was there a diagnosis?

Are there x-ray / CT / MRI images?       no       yes from:  
(month, year)

Do you take any medication regularly? (If so, what and for what?)

**General medical history**

Have you had any accidents (car, ski, sledge ...), fractured bones, surgeries, hospital stays?

Have you had any of the following complaints in the past six months?

- TMJ problems
- cardiac arrhythmia
- Asthma
- dizziness
- migraines
- tinnitus
- metabolic disorders / indigestion
- psychiatric disorders

**Lifestyle habits**

Do you exercise regularly? If yes, what sport and how often?

- yes, and
- no

Do you sleep well?  yes  no

Preferred sleeping position  back  side  stomach  
 right side  left side

Are you (did you) wearing a dental splint or braces?  no  yes

Are you (did you) carrying an orthopedic raised shoe?  no  yes

How do you rate your current state of health on a scale from 1 to 10 ?

bad 1 2 3 4 5 6 7 8 9 10 very good

**Our information for you**

After a chiropractic adjustment, we recommend a walk of approx. 10 minutes.

Drink plenty of water on this day.

Many private health insurance companies cover the costs for chiropractic adjustment or for services of the naturopath according to the policy. Please get informed about your contract status.

**Appointments**

We work by appointment only. In case you have to postpone or cancel your appointment, please let us know at least 24 hours in advance. Otherwise the appointment will be charged. We appreciate your understanding.

Remember, your body has the power of self-healing. It is capable of much more than you might think.

I assure that all information provided herein is true

Date

Signature

Your data will be treated with absolute confidentiality and serve your security