

Medical history sheet

Please fill in legibly and send this sheet back to us!

Please keep this box clear, it will be filled by the doctor

Personal Information

Surname: _____		Titel: _____	
First name: _____		Date of birth: _____	
Street: _____		Tel.: _____	
ZIP code, City: _____		E-Mail: _____	
Marital status: _____		Children: _____ Practised profession: _____	
Name and tel.-no. of a family member: _____			
Absorption of costs: <input type="checkbox"/> Self pay patient		<input type="checkbox"/> Health insurance	
Name and adress of the admitting doctor: _____		Name and adress of the health insurance: _____	
_____		_____	
_____		_____	
_____		_____	

Why do you come to us?

Main complaints/ diagnosis/ mental illness/ emotional complaints – since when:

Operation, date?:

What are you wish to achieve (your goal of your stay)?

Why do you come to our clinic?

- for fasting to reduce weight to change the lifestyle for prevention
 to reduce symptoms for spiritual reasons

Experience with fasting:

- Yes, in the Weckbecker-Klinik for ____ times, somewhere else? _____ , ____ times Not yet

Medication (strength and dosage, e.g. Aspirin 100mg, 2x1):

Blood thinner (Marcumar, Xarelto, etc.): _____ Dosage: _____

Please include all medication you are currently taking. Antidiabetics/ insulin, psychotropics, herbal remedies, homeopathic remedies, vitamins, minerals etc. too.

If you need more space you can attach an extra sheet.

Please bring your medication needs for the entire time of your stay!

Do you need technical aids ? Rollator Walking aid Wheelchair

Vegetative anamnesis

Body height: _____ cm Weight: _____ kg

Have you ever had a coloscopy? Yes, when? _____ (please bring the report) No

Nutrition: Mixed diet vegetarian ovo-lakto-vegetarian vegan

Risikofaktoren

Alcohol consumption, how much per day? _____ Nikotine consumption, how much per day? _____

Risk factors in your family:

- Overweight Smoking Diabetes mellitus High blood pressure
 Cancer Congenital disease psychodelic disease Others

Allergies/ intolerances?

What we still need to know

Planned start of your stay: _____

Planned length of your stay: _____

We need from you:

1. Reports form your medical specialist:

If you plan a fasting cure we also need:

2. Current laboratory values: natrium, potassium, calcium, creatine, uric acid.

These values have to be available to us before your stay and must not be older then **ten days**.

At arrival without these values it can also be collected in our clinic (with bill).

3. ECG (from the 60th year of life).

We thank you very much for filling in your dates carefully! The information makes it easier for us to give you an optimized treatment. This allows more time to be devoted to you and your treatment. **However, the medical history sheet does not replace the medical consultation!**