



name: _____ **first name:** _____

day of birth: _____ **Tel.:** _____

street / No: _____

ZIP-Code: _____ **city:** _____

your health fund: _____

your ailment and the story of them:

Do you had any pain before, all your operations, accidents, fractures:

Your medications:

You are single married divorced widowed

How many children and the age of them: _____

Whats your job: _____

Do you have rests: never sometimes often

your sleep: hours: _____ incompicous with awakes

eating habits: normal too less too much

amount of dailiy drinking under 1 L 1-2 L more than 2 L

urin: normal too less too much

bowel movement: normal too much costiveness

diarrhoea

cigarettes: non smoker smoker how many the day: _____

alcohol: never sometimes constant

drugs: never sometimes constant wich _____

activity of sports – how often

allergy: _____

I know, that I have to cancel a appointment 24h before, if I can` t come.

Also I was infomed, that I have to pay 20 Euro for ost or forgotten appointments.

Date: _____ **signature** _____