

## Patient questionnaire - treatment contract

Last name \_\_\_\_\_ First name \_\_\_\_\_

Street, house number \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Birth date \_\_\_\_\_ Gender:            w            m

For children up to 15 years

Name of parents/guardians \_\_\_\_\_

### Reachability

Phone number (private) \_\_\_\_\_

Phone number (business) \_\_\_\_\_

mobile phone number \_\_\_\_\_

mail address \_\_\_\_\_

### More information

have health insurance \_\_\_\_\_

additional insurance \_\_\_\_\_

What profession do you currently have? \_\_\_\_\_

How or how did they become aware of the practice? (please select)

Internet: \_\_\_\_\_                       Midwife: \_\_\_\_\_

Doctor: \_\_\_\_\_                         Friends: \_\_\_\_\_

Other therapists: \_\_\_\_\_

### General information

Chiropractic or naturopathic treatment in our practice depends on the situation Diagnosis and usually takes 40 - 50 minutes. This treatment is e.g. Currently charged at around €120 (Subject to change). For follow-up treatments, the treatment time can be approx. 20 minutes, and reduce the treatment costs to around €70.

We reserve the right to cancel all appointments that have not been canceled at least 24 hours in advance a cancellation fee equal to the treatment costs will be charged.

Regardless of the reimbursement from the health insurance company, the patient undertakes to bear the full costs of the treatment. Ultimately, it is the treatment and not the success of the treatment that is calculated. We ask that the amount be paid immediately at the time of the appointment.

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EXT

Date \_\_\_\_\_ Signature \_\_\_\_\_

With my signature I confirm the accuracy of the data provided above and have taken note of the general information.

**Adult patient questionnaire**

I have no complaints, I'm here for prophylactic reasons  
my main complaints are:

- My symptoms have been acute since: ..... days ..... weeks
- My symptoms have been chronic since: ..... months ..... years
- my complaints are already there                      occurred once                      occurred several times

I have already been treated with:

Doctor      When? .....

Orthopedist      Name: .....      When?.....

Adress: .....      phone number : .....

Physiotherapist      Name: .....      When? .....

Adress: .....      phone number: .....

The treatment was:      successful      less successful      not successful at all

I am currently taking the following medications:

.....  
.....

Please always bring x-rays and findings with you the first time, and always after updates!



Chiropractic Oliver Mack, Pfalzbürger Str. 5, 10719 Berlin

**Adult patient questionnaire**

**There were the following events in my life:**

Accident.....

Surgery .....

Miscellaneous .....

**I have complaints in the following areas:**

Headache cervical vertebrae/neck

Thoracic spine

Lumbar spine

Joints

I have been wearing insoles since:.....

I wear a one-sided heel raiser: left right ..... mm since.....

Jaw joint (cracking, grinding, pain)

Dizziness (spinning, swaying, positional vertigo)

Balance disorders

Fainting, poor circulation

Shoulder, arm, hand pain

Hip, knee, ankle, foot problems

Sacroiliac joint, groin

**Adult patient questionnaire**

I have the following sensations:                      arms and/or                      legs

Pain, burning, stitches, numbness, cold

Pain pulling down the back of the leg! (ischialgia)

Pain can hardly be influenced, even at rest

Pain when coughing, sneezing, laughing, straining

Pain that prevents sleeping

Pain when sitting, standing up

**Additionally, the following applies to me:**

Allergies

Rashes

Asthma

Weight problems

high blood pressure

Fibromyalgia

Poor general condition

diabetes

heartburn

Constipation/diarrhea/bleeding

Flatulence

rheumatism

Headache/migraine

Infections more than three times a year

tired, sluggish, weak

lack of concentration

Dizziness, forgetfulness

sleep disorders

depression

Amalgam contamination/remediation