Anamnesis

Personal data:

last name: _____ first name: _____

date of birth.: ____/____/_____

street: _____zip code:_____city: _____

size: _____ weight: _____ ☐female ☐male profession: _____

telephone: _____ mobile: _____

e-mail: _____

health insurance: _____ ☐additional insurance

children: yes☐ no☐ name & of child/children: _____

In the case of under age people, please provide additional information about the legal guardian:
last name:_____ first name: _____date of birth:____/____/_____

Why is this form so important?
In our chiropractic clinic we focus on your personal health. The goal is to first look into the reason for your visit in more detail, and then to help you improve your health. Every day we experience physical, chemical or emotional stress, which can accumulate and be accompanied by a loss of health over a longer period of time without us being aware of it. Answering the following questions gives us a picture of your specific stress during your life and helps us to assess your health potential more accurately.

General information:

Type of activity: ☐ sitting ☐ standing ☐ physical work

How did you find out about our practice? _____

Have you ever been in chiropractic treatment? ☐ No ☐ Yes, last on ____/____/_____
at_____

Are you currently under medical treatment?

☐ No ☐ Yes, because of

_____

Please answer these questions to the best of your knowledge:

What significant diseases have you had in the last 5 years? Which chronical diseases do you suffer from?

_____

☐You have always been healthy

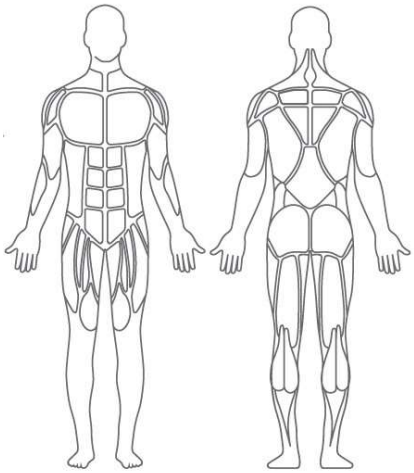
You have/had (where and when?)

Accidents/falls**:** _____
Operations**:** _____
Cancer diseases: _____
Allergies/intolerances: _____
Shoe insoles: ☐no ☐ yes, left ☐ yes, right ☐heel elevation ☐braces/retainers

Others: _____

Current state of health

☐ You have no complaints and are in practice for prevention.



Bitte markieren Sie Ihre Problemzonen

Why are you in our practice today?: _____

_____

How long have you had this problem?

☐ days ☐ weeks ☐ months ☐ years ☐ always

Since the problem has started, it is:

☐ the same ☐ better ☐ worse

The problem gets worse when:_____

_____

Problem gets better when:_____

_____

Your problem affects you when:

☐ working ☐ sleeping ☐ sitting ☐ running ☐ relaxing

Have you consulted other therapists about this problem? ☐ No ☐ Yes

Have preliminary examinations taken place? (X-ray, CT, MRT, orthopedist...): _____

Previous therapies used for this problem:_____

Here you will find yourself again:

☐ Headache	☐ Ear noises	☐ Blood pressure problems	☐ Joint problems
☐ Migraine	☐ Dizziness	☐ Stomach ulcers	☐ Shoulder pain
☐ Memory loss	☐ Nose bleeding	☐ Excessive sweating	☐ Back pain
☐ Drowsiness	☐ Jaw joint problems	☐ Weak immune system	☐ Muscular problems
☐ Fainting	☐ Sinus problems	☐ Bladder problems	☐ Change of eating habits
☐ Sensitivity to light	☐ Teeth problems	☐ Loss of appetite	☐ Change of intestinal transit
☐ Twitching eye	☐ Dead teeth	☐ Weight problems	☐ Skin problems
☐ Blurred vision	☐ Insomnia	☐ Digestion problems	☐ Whiplash
☐ Double vision	☐ Depression	☐ Heartburn	☐ Frequent blockades
☐ Visual impairment	☐ Fears	☐ Menstruation cramps	☐ Osteoporosis
☐ Imbalance	☐ Asthma	☐ Menopause symptoms	☐ Herpes, Epstein-Barr virus
☐ Taste impairment	☐ Shortness of breath	☐ Thyroid problems	

Every day life:

Hours of sleep: _____ hours./night Caffeine: _____ cups/day water/liquids: _____ l/day cigarettes: _____ /day alcohol: _____ glasses/week nutrition: ____ meals/day sports: ____ hours/week type of sport: _____ pregnancy: ____ weeks	On a scale of 1 - 6 (1=very good / 6= unsatisfactory) please describe your current condition: ___ sport / exercise ___ Drinking / Eating ___ Emotional balance / stress ___ relaxation / sleep On a scale of 1 - 6 please describe your stress level: (1=none / 6=extreme) ___ professional ___ privat

Dear Patient,

the diagnostic and therapeutic procedures performed in our practice are exclusively gentle American techniques. Nevertheless, we are obliged by law to inform you about the dangers of chiropractic measures. In the following you will find two relevant verdicts of German courts. Please take another two minutes of your time.

1st judgment of the Higher Regional Court of Düsseldorf (from 08.07.1993, sign 302/91) "About possible dangers of chiropractic measures is to be cleared up.
In this judgment it is demanded that the patient must be informed about the risk that in rare cases, despite correct execution of the manipulation at the cervical spine, it can lead to permanent
circulatory disorders of the head may occur".

1st judgment of the Higher Regional Court Stuttgart (of 20.02.1997, sign 14 U 44/96)
"Before chirotherapeutic interventions, a medical practitioner (physician, alternative practitioner, physiotherapist) must not limit himself to pointing out that a worsening of the symptoms may also occur after the treatment. Rather, a patient who has been previously injured by a herniated disc must be informed that even if the procedure is performed correctly, there may be a shifting of disc tissue during the procedure and, as a result, spinal root compression. This information is urgently required to protect the patient's right of self-determination, if success through chirotherapy is uncertain and the practitioner knows that it is important for the patient to avoid disc surgery.

In the following, we would like to briefly discuss your insurance:
Payment is made after the treatment and can be made in cash or by card. If necessary, ask your health insurance company whether you can take out additional insurance that covers the costs of alternative practitioner services in full or in part. You will receive an invoice according to GebüH (Fee schedule for alternative practitioners)

Declaration of consent:

I have been informed in detail about possible risks and side effects of the performed measures and I agree to them. If any operations or treatments already proposed by doctors are rejected or postponed, this is done exclusively on my own responsibility.
Furthermore, I agree to pay a cancellation fee of 25.00 € if I do not appear at an agreed appointment without having cancelled 24 hours in advance by telephone or in writing.
I consider myself able to pay the costs incurred or the practice fee myself and I am directly liable to pay the contractual partner of the Ahrtal Chiropraxis - Praxisgemeinschaft A. Le Treut D.C.
and M. Marzano D.C.

Furthermore I confirm the correctness of the information given.

Bad Neuenahr-Ahrweiler ____/____/_____ Signature _____

(For minors, please have the signature of a parent or legal guardian)

Data protection consent to the processing of personal data

I hereby give my consent to the processing of my health data in connection with my treatment in the Ahrtal Chiropraxis.

I confirm:

- That the information required for proper information has been provided to me by the person in charge of the treatment before the data collection.
- That I have been informed that the processing of the data is necessary for the purpose of the medical treatment and on the basis of the underlying treatment contract.
- That I have also been informed that my consent covers the processing of sensitive data (health data) in accordance with Art. 9 of the Italian Data Protection Act.
- My consent is given voluntarily. I am aware that I am not obliged to give this consent. If I do not give this consent, I will not suffer any disadvantages as a result. Without consent, however, no treatment can take place.
- I have taken note of the content of the printed cancellation policy before giving my consent.

For minors – I hereby grant _____ as legal guardian, my consent to the processing of health data in connection with the treatment of this child in the Ahrtal Chiropraxis

Bad Neuenahr-Ahrweiler ____/____/_____ Signature _____

cancellation policy

This consent can be revoked at any time and without giving reasons. The lawfulness of the processing carried out on the basis of the consent until the revocation is not affected by this. Statutory legal requirements remain unaffected by a revocation of the consent. In the event of revocation, continuation of the processing by the person responsible is generally no longer possible.
Consent can be revoked orally or in writing.