

Dear client,

to give you the best advice we need to know your medical history.

Please take your time to give us the following details.

Name, surname, date of birth

previous general practitioner (doctor)

Your email: _____

Your telephone number: _____

Your home language: _____

current job/occupation:

jobs in the past:

Lasting Power of Attorney: yes

guardianship: yes

proxy/judicial guardian/parent guardian:

The following conditions I have been diagnosed with in the past:

The following surgeries I have had in the past (e.g. gallbladder, thyroid, accidents, cancer):

which surgery?

when?

As far as I know I do not have any allergies.

I am allergic to the following substances/agents/drugs:

I own an allergy passport. yes

I follow a specific diet (e.g. vegan):

_____ I do not follow a specific diet.

I smoke used to smoke never smoked.

The following doctors, I have seen in the past 5 years. Alternatively: I stayed in the following hospitals.

name, where	because of he following condition

This little questionnaire covers only the most basic issues and is only a beginning to grasp your personal situation.

Please, therefore, provide the following:

- Allergy pass, vaccination passport
- a current medication plan
- letters from hospitals, rehab, specialists, imaging and lab results

If you do know have a printed medication plan with you, please list the medication/pills/supplements you take: