

Case history & Contract

As a new patient, we welcome you to our practice and would like to ask you to fill out all 3 pages (both sides) of this questionnaire completely.

Last Name:						
First Name:						
Address:						
Phone:						
E-Mail:						
Date of birth :						
Number and age of Kids:						
Occupation/ job situation:						
Type of activity:	□ sitting	□ standing	☐ physically			
Type of health insurance:						
Statutory insurance at						
Private at						
☐ Aid ☐ Supplementary insurance for naturopaths						
How did you hear about us/find us?						



Contract

For naturopathic treatment. However, if medical advice is required or if we are not allowed to treat you due to a legal ban on our activity, we will give you a referral recommendation.

Billing

We charge €90 for the initial anamnesis, €60 for further treatments or discounted package prices. These are to be paid in cash or by EC card after the treatment. Invoices for private, subsidy or supplementary insurance may vary. Statutory health insurance companies usually do not cover these costs. Please find out for yourself whether and to what extent your statutory, private or private supplementary insurance will cover the treatment costs or parts thereof.

Fee for missing an appointment

Unfortunately, it often happens that appointments are spontaneously canceled or not attended without an excuse. Since we are an ordering practice and cannot usually reassign the appointment reserved for you at short notice, we reserve the right to charge you a cancellation fee of €40 if you cancel less than 24 hours before the agreed appointment. (Please cancel Monday appointments on Fridays or at the weekend by e-mail). You can still be sure that we will do our best to resell the appointment.

We offer an automatic email reminder for your appointments. May we remind you:						
□ Yes	☐ No, thanks					
May we send you greetings (e.g. birthdays, public holidays, etc.)?						
☐ Yes ☐ No, thanks						
Privacy						
The EU Gener	al Data Protection Regulation (GDPR) has been in effect since May 25th, 2018.					
We only colle	ct the data that is important for your treatment and our					
documentatio	on/storage obligations.					

Secrecy

All employees, including trainees and interns, are subject to confidentiality. If we request information for payers, doctors or family and friends, we request a written release from this duty of confidentiality.



Education about the treatment

Dear patient,

Carried out by a qualified therapist, both chiropractic and osteopathic treatment offer one of the lowest-risk therapies in medicine. However, the duty of care and information requires that every patient be informed about the typical risks and the possible consequences of the treatment. This information should prepare the subsequent briefing and document the most important points. The completeness of the examination requires the inclusion of the whole body. It is therefore an advantage to pay attention to suitable clothing.

Treatment reactions:

If the musculature is treated, muscular (similar to a sore muscle) can sometimes appear hours to days later, which, especially if treated with ice, subside quickly. There may be a short-term feeling of instability in the treated area, as well as temporary tiredness, headaches and slight dizziness. All of these reactions are normal and completely harmless.

Alternative and complementary treatment methods:

There may be therapeutic alternatives for the treatment of functional diseases of the musculoskeletal system, such as physiotherapy, osteopathy, medication and surgery. We are at your disposal to weigh up the best therapy concept for you.

Treatment risks:

The manual treatment of the spine is, comparatively, a very low-risk treatment. Certain risks that can arise from chiropractic in general, which we minimize through careful choice of technique, but must nevertheless mention, are:

- Neck pain, which may radiate to one or both arms or legs. It can also lead to sensory disturbances.
- Bruises or fractures
- In the case of a previously damaged intervertebral disc or a clinically inconspicuous herniated disc, complaints can occur in the sense of an occasional cause, i.e. this event would also have been triggered by another "banal trigger", such as coughing or clumsy bending over.



Please inform us when:

•	You have ever had problems after manipulations.				
•	You have a history of osteoporosis.				
•	You are taking steroid hormones such as cortisone or anticoagulants ("blood thinners") such as Marcumar, ASS or similar.				
•	You are aware of congenital malformations or peculiarities of the vertebrae and spine or other bones.				
•	You have or are suffering from tumor diseases (and/or metastases).				
•	You suffer from rheumatic joint diseases/autoimmune diseases.				
•	You do not want a particular treatment. Before the respective adjustment, we will announce this to you and explain it briefly.				
I have true.	e read the treatment contract in its entirety and certify that this information is				
Date _	Signature (Patient)				
	Signature (Chiropractor)				



The anamnesis part

What are your current complaints?							
How long do you have these complaints?							
\Box for years \Box for one year \Box for months \Box for weeks \Box for days							
Did you have these complaints before?							
☐ No, it's the	e first time	☐ Yes, often	□ regularly				
How did it start □ suddenly □ gradually?							
Have you been treated before?							
□ No □ Ye	es, by						
Diagnosis							
Therapies	☐ Chiropractic	☐ Acupuncture	☐ Homeopathy				
	☐ Massage	☐ Injections	☐ Physiotherapie				
	☐ Other,		<u> </u>				
Results	☐ good results	☐ little results	☐ no results				
Are you taking any medication?							
□ No □	☐ Yes, which?						
- -	☐ Voltaren ☐ [☐ Other,	-					
Do these dru	gs help? □ yes	□ bad	☐ short term				



Have you had acc	idents, falls, etc. in y	our life? □	l No □ Yes			
If yes, which?						
Do you wear med	. foot orthotics?					
□ No □ If yes, w	hich?					
Did you have the	following surgeries?					
☐ Appendix	☐ Tonsils	☐ Gallbladder	☐ Spinal disc			
☐ Hip/ Pelvis	☐ Knee	☐ Heart	☐ Abdomen / Intestine			
☐ Others						
Which of the follo	owing complaints hav	ve you had in the	e last six months?			
☐ TMJ Problems (Ja	aw) 🗆 cardiac arı	rhythmias \Box	l Asthma 🔲 Dizziness			
☐ Migraine	☐ Tinnitus	☐ Metabolism/d	digestion complaints			
Question to our f	emale patients, are y	ou pregnant? □	No ☐ Yes, inmonth			
Do you sleep well? ☐ Yes ☐ No In which position?						
Do you do any sp	orts? When yes, which	ı:				
Which stimulants do you take more or less regularly?						
□ Coffee □ T	ea 🗆 Alcohol	☐ Cigarettes	□ Sugar			
Drinking amount (Water or like that) per day: approx Liters						
Always remember - healing takes time!						
Your body is capable of amazing things, but healing is a process that takes time and help!						

6. Page, please note back