Malteser
Klinik von Weckbecker
Fachklinik für Naturheilverfahren

Medical history sheet

Please fill in legibly and send this sheet back to us!

Please keep this box clear, it will be filled in by the doctor

Personal Information

Surname: _____ Title: _____

First name: _____ Date of birth: _____

Street: _____ Tel.: _____

ZIP code, City: _____ E-Mail: _____

Marital status: _____ Children: _____ Practised profession: _____

Name and tel.-no. of a family member: _____

Absorption of costs: ☐ Private payer ☐ Health insurance _____

Name and address of your general practitioner:

Name and address of the referring doctor / therapist:

Why do you come to us?

Main complaints / diagnosis / mental illnesses / emotional complaints – since when:

Performed operations, date?:

What would you like to achive (goals of your stay)?

Why do you come to our clinic?

☐ for fasting ☐ to reduce weight ☐ to change the lifestyle ☐ for prevention

☐ to reduce symptoms ☐ for spiritual reasons

Experience with fasting:

☐ Yes, in the Weckbecker-Klinik for ____ times, somewhere else? _____ , ___ times ☐ Not yet

Medications (specifying strength and dosage, e.g. Aspirin 100mg, 2x1):

_____

_____

_____

_____

_____

Blood thinner (Marcumar, Xarelto, etc.): _____ Dosage: _____

Please include all medication you are currently taking. Antidiabetics/ insulin, psychotropics, herbal remedies, homeopathic remedies, vitamins, minerals etc. too.

If you need more space you can attach an extra sheet. Please bring your current medication plan and your medication requirements for the entire duration of your stay!

Are you assigned to a care level, has an application been made, and if so, into wich level ? _____

Do you need technical aids ? ☐ Rollator ☐ Walking aid ☐ Wheelchair

Vegetative anamnesis

Body height: _____ cm Weight: _____ kg

Have you ever had a coloscopy? Yes, when? _____ (please bring the report) ☐ No

Nutrition: ☐ Mixed diet ☐ vegetarian ☐ ovo-lacto-vegetarian ☐ vegan

Risk factors

Do you have or have you ever had an eating disorder? ☐ Yes ☐ No

Are there any other addictions (if so, which ones)? _____

Alcohol consumption, how much per day? _____ Nicotine consumption, how much per day? _____

Food allergies/ intolerances?*

_____

*At the beginning of your stay you will get a free consultation with our diet experts regarding the available board at the clinic. An individual diet, based on your allergies/intolerances, can be booked with an additional charge of €15/day.

Other allergies/ intolerances such as medicines, moulds, animal hair?

_____

Risk factors in your family:

☐ Overweight ☐ Smoking ☐ Diabetes mellitus ☐ High blood pressure

☐ Cancer ☐ Congenital disease ☐ Mental illnesses ☐ Others

What we still need to know

Planned start of your stay: _____ Planned length of your stay: _____

Please bring any recent medical reports with you (Laboratory, discharge letters, specialist reports, X-ray findings).

We thank you very much for filling in your dates carefully! The information makes it easier for us to give you an optimized treatment. This allows more time to be devoted to you and your treatment. **However, the medical history sheet does not replace the medical consultation!**