



PATIENT QUESTIONNAIRE

FULL NAME

EMAIL

PHONE

ADDRESS

I.D

AGE D.O.B

HEALTH INSURANCE

OCCUPATION

HEIGHT WEIGHT WAIST MEASUREMENT

WHAT WORRIES YOU MOST ABOUT YOUR HEALTH?



HEALTH HISTORY

DISEASES, TRAUMAS, SURGERIES, HOSPITAL ADMISSIONS, HEALTH PROBLEMS YOU HAD AND HAVE TREATED THROUGHOUT YOUR LIFE, INCLUDING CHILDHOOD.

CURRENT MEDICATION

PRIOR LONG-TERM MEDICATION

NATURAL SUPPLEMENTS CURRENTLY TAKEN

ALLERGIES / INTOLERANCES

PLEASE SPECIFY REACTIONS AND TREATMENT

GYNAECOLOGICAL HISTORY (IF APPROPRIATE)

FIRST MENSTRUATION, REGULARITY, TREATMENTS, PREGNANCIES, BIRTHS, ABORTIONS, LAST GYNECOLOGICAL CHECK-UP, BREAST CONTROL, HPV CONTROL, MYOMA, FIBROCYSTIC MASTOPATHY, POLYCYSTIC OVARY, PMS, VAGINAL CANDIDIASIS, OTHERS.

URO-GENITAL SYSTEM

HISTORY OF RENAL COLIC (NEPHROLITHIASIS), URINARY INFECTIONS (CYSTITIS, URETHRITIS), HYPERPLASIA OR OTHER PROSTATE PROBLEMS, LIBIDO/SEXUAL DESIRE, QUALITY OF YOUR SEXUAL FUNCTION / PERFORMANCE.



CARDIOVASCULAR SYSTEM

BLOOD PRESSURE, HEART RATE (TACHYCARDIAS, ARRHYTHMIAS, HISTORY AND INCIDENTS OR DISEASES OF THE CV SYSTEM, HYPERCHOLESTEROLEMIA, HEART PATHOLOGY, VENO-LYMPHATIC INSUFFICIENCY

[Empty light blue rectangular box for notes]

MIGRAINES / HEADACHES, VERTIGO, DIZZINESS

FREQUENCY, DURATION, WHAT CAUSES IT, TREATMENTS

[Empty light blue rectangular box for notes]

SKIN CONDITION

DRY, SENSITIVE, OILY, ACNE PROBLEMS, ROSACEA, ATOPIC DERMATITIS, ECZEMA, HIVES WITH RASHES, ITCHING WITHOUT RASH, PSORIASIS, VITILIGO, RED OR WHITE STRETCH MARKS

[Empty light blue rectangular box for notes]

OTORHINOLARYNGOLOGY AND RESPIRATORY SYSTEM

SMOKING, SINUSITIS, PHARYNGITIS, TONSILLITIS, APHONIA, LARYNGITIS, BRONCHITIS, PNEUMONIA, ASTHMA

[Empty light blue rectangular box for notes]



ENDOSCOPIC STUDIES / IMAGING STUDIES

ULTRASOUND, MRI, CT - RESULT AND DATE.

[Empty light blue rectangular box for endoscopic/imaging studies results]

DIGESTIVE SYSTEM

APPETITE, SWALLOWING PROBLEMS, REFLUX, STOMACH PAIN, HEAVY SLOW DIGESTION, ABDOMINAL DISTENTION, METEORISM, INTESTINAL TRANSIT: TENDENCY TO DIARRHEA/CONSTIPATION (FREQUENCY), STOOL CHARACTERISTICS, HEMORRHOIDS, ABDOMINAL PAIN: DIFFUSE, CRAMPS, NOISES, ETC..

[Empty light blue rectangular box for digestive system symptoms]

EXAMPLES OF YOUR CURRENT DIET

BREAKFAST / LUNCH / DINNER / SNACKS / LIQUIDS /ALCOHOL

[Empty light blue rectangular box for diet examples]

HAVE YOU EVER BEEN ON A DIET?

DO YOU EXPERIENCE CRAVINGS?

FOR EXAMPLE SUGAR, COFFEE, SODA, TOBACCO OR SOME OTHER FOOD/SUBSTANCE? PLEASE SPECIFY.

SPORT AND PHYSICAL EXERCISE YOU UNDERTAKE

MUSCULOSKELETAL SYSTEM

DO YOU HAVE ANY DISABILITY OR PHYSICAL LIMITATION? ARTHRITIS, OSTEOARTHRITIS, TENDENITIS, BACK PROBLEMS, POSTURAL ISSUES, PROSTHETICS, SURGERIES, OTHER COMMENTS.



AVERAGE QUALITY OF SLEEP

PLEASE SPECIFY ANY SLEEP DISORDERS

MEMORY, ABILITY TO CONCENTRATE

TIREDNES OR CHRONIC FATIGUE? IN WHICH SITUATIONS?

ASSESSMENT OF YOUR OWN PERSONALITY

NERVOUS, IRRITABLE, EXPLOSIVE, PERFECTIONIST, CONTROLLER, UNTIDY, PRONE TO ANXIETY, MOOD SWINGS, SOMATIZES STRESS (EATING), CONSTANT EMOTIONAL TENSION (FAMILY, WORK, PERSONAL), APATHETIC, LITTLE INTEREST AND DESIRE TO DO THINGS, SOCIAL PERSON, LONELY PERSON, OTHER COMMENTS...

ADDITIONAL COMMENTS

[Large empty light blue rectangular area for additional comments]

HOW DID YOU HEAR ABOUT US?

[Empty light blue rectangular area for response to 'How did you hear about us?']