



**QUESTIONNAIRE**

Date: .....

Family Name: ..... First Name: .....

Date of Birth: ..... Address: .....

Phone number: ..... Email: .....

Insurance (please check):  PKV,  GKV,  Zusatzversicherung (additional insurance)

Name of insurance provider: .....

Please provide the following details, so that I can get an overview of your health:

- Please describe your problems in a few words:
  
- Have you been in medical treatment because of these problems? Where and when?
  
- Your health history (all major events since your birth, e.g. serious illness, surgeries, accidents, injuries, pregnancies)
  
- Have you suffered / do you suffer from?

Cancer	Heart disease	Lung disease
AIDS	Osteoporosis	Rheumatism
High blood pressure	Diabetes	Pregnancy
  
- Do you regularly take medications? If yes, which?

**Declaration:**

I am aware that the desired osteopathic examination and therapy is not part of the services covered by standard health insurance (GKV) and that the liquidation for these services is based on the tariff of fees for Heilpraktiker (GebüH) and has to be paid in full by me, irrespective of a possible reimbursement by the health insurance provider. Reductions of the reimbursement from private insurance providers (PKV) or „Beihilfestellen“ may be possible.

In case of cancellations and/or changes of appointments I will inform you as soon as possible, at least 24 hours prior to the scheduled appointment. For missed appointments or appointments I did not cancel in time, I will pay the fee for the missed session in full.

.....(signature)