



First Name: _____

Last Name: _____

Date of Birth: _____

Medical History

Dear Ladies and Gentlemen,

Our medical department needs some information regarding your medical history. We would kindly ask you to fill out this questionnaire carefully, and deliver it to our medical department prior to your arrival (per E-Mail to arzthelf@schloss-warnsdorf.de). Your data is important to prepare your entrance examination, and helps to exclude risks of a fasting therapy. We thank you for your assistance!

Do you suffer from any acute health problems? Please describe them (e.g. healed cold, fever, pain, psychosomatic problems, antibiotics/ drugs/ medication)

Do/ Did you suffer from the following diseases? If yes, which diseases since when? Which year?

Heart Diseases:

(e. g. high blood pressure, heart cardiac insufficiency, cardiac arrhythmia, arthrosis, pacemaker)

Vascular Diseases:

(e. g. embolism, thrombosis, coronary atherosclerosis, aneurysm)

Pulmonary Diseases:

(e. g. bronchial asthma, chronic Bronchitis, sarcoidosis, tendency to catch a cold, lung cancer)

Gastro-intestinal complaints:

(e. g. stomach ulcer, acid reflux, gastroenteritis, diarrhoea, obstruction)

Liver diseases or biliousness:

(e. g. fatty liver, healed hepatitis, cholelithiasis)

Kidney Diseases:

(e. g. kidney weakness, kidney stones, cystitis, renal cysts, Prostate cancer)

Thyroid Diseases:

(e. g. hyper- or hypofunction, thyroid nodules, Hashimoto Thyroiditis)

Metabolic Diseases:

(e. g. gout, Diabetes, high cholesterol level, immunodeficiency)

Brain- and Neurological Diseases:

(e. g. cerebral seizure disorders, encephalitis, meningitis, carpal tunnel syndrom, restless legs)

Mental Illness:

(e. g. depressions, pain attacks, eating disorder, schizophrenia, Psychotherapy)

Skin Diseases:

(e. g. psoriasis, neurodermatitis, rosacea, melanoma, skin cancer)

Eye Diseases:

(e. g. cataract, glaucoma, retinal detachment)

Ear Diseases:

(e. g. middle ear inflammation, tinnitus, hearing aid)

Bone and Hinge Diseases:

(e. g. rheumatism, arthrosis, backache, prolapsed intervertebral discs)

Surgeries:

(e. g. cancer, appendix, thyroid, gall, tonsils fractures, abdomen)

Gynecological Complaints:

(e. g. pregnancies, births, miscarriages, abortions, breast cancer, strong period)

Accidents:**Allergies:**

(e. g. hay fever, drug allergy, food intolerance)

Cancer:

(e. g. healed surgeries, pre amplifier, chemotherapy, irradiation)

Do you consume medication? Which doses? Creams, homeopathic globules, laxative, sedative or sleeping drugs as well as food supplements?

Name of medication	doses (mg)	morning	noon	evening	before sleeping

If you have any questions or need medical consultation prior to your stay, please ask our medical department for assistance (+49 4502 840 215 or use arzhelf@schloss-warnsdorf.de)

Dr. med. Renate Schleker

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Balneologie u. Klimatologie
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