

Health Questionnaire

HAND UND FUSS
by Max Binder

Name:

Address:

Phone / Mobile:

E-Mail:

Date of birth:

left-handed / right-handed

Insurance:

Insurance card nr: 807

AHV-nr:

Do you have any chronic or acute physical complaints?

Have you had Rolfing® sessions yet?

no

yes, with whom and when:

Do you have experience in psychotherapy or in any other body therapies?

no

yes, with whom and when:

Are you under psychiatric treatment?

no

yes, since when:

Questions about the Organ System

In order to enable holistic treatment, it is important to record all symptoms, even if they don't seem to be connected to your actual complaints at first glance.

Please tick your applicable symptoms.

Oral Cavity

- Tooth/jaw pain
- Swallowing disorders
- Feeling of lump
- Changed language
- Hoarseness
- Others:

Stomach

- Heartburn
- Reflux
- Bloating
- Abdominal pain/cramps
- Nausea
- Vomiting

Discomfort

- before during immediately after eating longer after eating

Intolerances (food/alcohol), which ones?

Intestine

- Diarrhea
- Constipation
- Bloating

Bladder

- Frequent urination
- Pain when urinating
- Residual urine
- Unable to urinate
- Nocturnal urination
- Problems holding urine
- Abnormal sensations in the pelvic floor area

Urine quantity:

- Drop by drop
- More than usual
- Less than usual

Sex Function

- Libido changes, which ones?
 - Current desire to have children
- ♂
- Erection change, which one?
 - Abnormalities in the testicles, which ones?

♀

Cycle still available?

- yes
- no

Duration of the cycle:

Duration of menstruation:

- Regularly
- Irregularly

Complaints before / during menstruation:

Contraceptives:

Are you pregnant?

- yes
- no

Cardiovascular System

- High blood pressure
- Tachycardia
- Heart palpitations
- Decreased resilience
- Other heart problems:
 - Chest pain
 - Dizziness
 - Varicose veins, where:
 - Congested jugular veins
- Abnormalities in the last blood test:

Lung

- Difficulty breathing
- Shortness of breath
- Changed breath odor
- Cough with / without sputum
 - Appearance:
 - Bloody
 - Green, yellow
 - Slimy

Immune System

- Fever
- Exhaustion
- Loss of appetite
- Night sweats
- Unwanted weight loss

- Frequent infections

Diseases (also chronic, inflammatory, allergies):

Other Complaints

(For one-sided complaints please mark with R (right) or L (left))

- Eyes
- Ears
- Headache
- Cervical spine
- Thoracic spine
- Lumbar spine
- Neck pain
- Shoulders
- Arms
- Hands
- Hip
- Leg
- Foot
- Cramps
- Phlebitis
- Thyroid problem
- Others:

Diseases

- Diabetes
- Osteoporosis
- Cancer
- Other:

Operations (which and when?)

Medicines (what are they used for?)

Sleep

Duration of sleep in hours:

- Sleeping problems: falling asleep / staying asleep

Do you wear

- Contact lenses
 Dentures
 A removable tooth bridge?

What sports do you do regularly?

Is there any event that draws a lot of energy?

- yes
 no

How did you find out about Rolwing®?

- Internet
 Advertising, where?
 Friends
 Doctor
 Others:
-

Explanation

Rolwing® sessions are not medical healing treatments.

I have been informed that within the scope of the Rolwing® sessions I requested, illnesses, ailments, physical damage, or pathological complaints can neither be diagnosed nor treated for legal reasons. I therefore do not expect a healing influence on any illnesses.

I am aware that I can seek medical advice at any time if anything is unclear. I do not suffer from any contagious disease that could endanger the health of others, nor am I currently undergoing psychiatric treatment.

Date, place and signature