

Date of registration:

Client data:

Coordinated

Name	First Name fgfgfgfgf	Last Name
Address	Street+ number	Zip code
City		
Telephone	Land line	Mobile
Email		
Date of birth	Date	
General practitioner	Name	City

Practice LavaHealing - Client information sheet

Married/unmarried/cohabiting/single: ____

Occupation/daily occupation: ____

Number of children + ages: ____

Deceased family members/loved ones: ____

Health information:

Have you (had) to deal with any of the things below?

Place an "X" after the item that applies to you + the year or years in which it occurred.

- | | |
|------------------------|------------------------------|
| AIDS__ | Hepatitis__ |
| Allergies__ | High blood pressure__ |
| Anemia__ | Liver disease__ |
| Arthritis__ | Mental disorder__ |
| Artificial joint(s)__ | Depression |
| Asthma__ | Nervous disorder__ |
| Car accident__ | Physical trauma__ |
| Back pain__ | Pregnancy__ |
| Head injury__ | Respirational issues__ |
| Broken bones__ | Rheumatism__ |
| Cancer__ | Sinus disorder__ |
| Diabetes__ | Stomach disorder__ |
| Divorce / seperation__ | Thyroid disorders |
| Vertigo__ | Tuberculosis__ |
| Epilepsy__ | Tumors__ |
| Excessive bleedings__ | Swears__ |
| Cataract__ | Burnout__ |
| Hay fever__ | Migraine__ |
| Heart disease | Other: not mentioned above__ |

Additional information / explanation / operations:

Provide additional information from the previous ticked items, including treatment of the disease or condition, dates and surgeries.

Are you currently being treated by a doctor/care provider? yes/no

If yes, for what reason: Date of last doctor's visit / visit to care provider:

Name of the attending physician + hospital / care provider

Do you currently have health problems (emotional and/or physical) that need further explanation? Yes / no

If so, please explain.

Give an overview of all medications/dietary supplements you are currently taking:

What is your request for help?

A large, empty rectangular box with a thin black border, intended for the user to write their request for help. The box is currently blank.