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__
Allergies__
Anemia__
Arthritis__
Artificial joint(s)__
Asthma__
Car accident__
Back pain__
Head injury__
Broken bones__
Cancer__
Diabetes__
Divorce / seperation__
Vertigo__
Epilepsy__
Excessive bleedings__
Cataract__
Hay fever__
Heart disease
Hepatitis__
High blood pressure__
Liver disease__
Mental disorder__
Depression
Nervous disorder__
Physical trauma__
Pregnancy __
Respirational issues__
Rheumatism__
Sinus disorder__
Stomach disorder__
Thyroid disorders
Tuberculosis__
Tumors__
Swears__
Burnout__
Migraine__
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?