|  |  |
| --- | --- |
|  |  |
| Name and surname |  |
| Address |  |
| Postal code and city |  |
| Date of birth |  |
| Profession / job / student, etc.  |  |
| Family situation |  |
| Email address |  |
| Mobile phone  |  |
| Health Insurance co.\* |  Insurance number\*\* |  \*  | \*\*  |
|   |
| From which (emotional) issues, conditions, illnesses, allergies, etc. are you suffering and since when?  |   |
| What is, in short, your request for help? |  |
| Do you smoke / use alcohol? |  |  |
| Length / weight ?  |  |  |
| Liver and/or kidney issues |  |  |
| Are you having medical treatment, seeing doctors, specialists, therapists, etc. at the moment or in the recent past? If yes, for what conditions/issues?  |  |
| Are you using any medication, supplements, harddrugs, softdrugs of any kind?  |  |