|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | | | |
| 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? | | |  | |