

INFORMATION REGARDING THE PATIENT'S STATE OF HEALTH

All information provided is for the sake of your own safety. Please answer the questions below. In case of difficulties with answering, please skip the question. The following questions are given in order to help gather the information needed in order to choose the right treatment.

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..... PESEL
Surname, Name (of the patient)

Phone:

Do you generally feel healthy? YES NO

Have you been treated in a hospital within the last two years? YES NO

If yes, for what reason?:

Are you currently being treated for something?: YES NO

If yes, for what?:

Are you currently taking any medication? YES NO

If yes, what kind?:

Have you ever had a cervical spine injury or a head injury? YES NO

Do you have a tendency for bleeding? YES NO

Have you had any episodes of fainting or blacking out? YES NO

Do you have a pacemaker? YES NO

Do you suffer from or have you suffered from any of the following diseases?

heart diseases (myocardial infarction, coronary artery disease, heart defect, arrhythmias, inflammation of the heart muscle) YES NO

other cardiovascular diseases (hypertension, low blood pressure, fainting, shortness of breath) YES NO

blood vessel diseases (varicose veins, phlebitis, poor blood supply to the limbs, pain in the shins when walking) YES NO

diseases of the digestive system (gastric ulcer, duodenal disease, intestinal disease) YES NO

metabolic disorders (diabetes, gout) YES NO

thyroid diseases (hyperthyroidism, hypothyroidism, neutral goiter) YES NO

nervous system diseases (epilepsy, paresis, loss of consciousness, paralysis, dysesthesia, myasthenia gravis) YES NO

diseases of the blood and coagulation system (hemophilia, anemia, tendency to bleeding, nosebleeds, prolonged bleeding after tooth extraction) YES NO

rheumatic disease YES NO

osteoporosis YES NO

other ailments which kind?

Have you ever had a surgical operation? YES NO

If yes, for what reason?:

If yes, which kind?:

Questions pertaining to women:

Are you currently pregnant?

YES NO

If yes, in which month are you?: