



# Questionnaire

Date

Name / First name

Address

Date of birth / Nationality

Health insurance

## 1. Social Situation

Siblings (and their age)

Profession

Current job

Particular situations (formative events)

Relationship status

Hobbies / Interests

## 2. State of Health

Diseases / Discomforts

Allergies / Intolerances (current and past)

Surgeries, accidents, injuries, scars

Current medical treatment? If yes, what for?

Current intake of medicament? If yes, which ones?

## 3. Kinesiological Treatment

What do you expect from the treatment?

How did you take notice of me?

Notes