Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: male. female

Age: \_\_\_\_\_\_\_\_

Size: \_\_\_\_\_\_\_\_\_ cm

Weight: \_\_\_\_\_\_\_\_\_ kg

**Reason for the treatment**  \_\_\_\_\_\_

Physical Dependency: \_\_\_\_\_\_\_

Spiritual & Spiritual Development: \_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_

**Substances and ingestion:**

|  |  |  |
| --- | --- | --- |
| **substance** | **Period (Consum since when?)** | **Quantity per day/week in pieces/mg** |
| nicotine  |  |  |
| sugar |  |  |
| medication |  |  |
| Cannabis |  |  |
| alcohol |  |  |
| Cocaine |  |  |
| Amphetamine/Crystal Meth  |  |  |
| Other: |  |  |
| **drug (especially daily intake)** | **Period (consumption since when?)** | **Quantity per day/week in pieces/mg** |
| Benzodiazepine |  |  |
| codeine  |  |  |
| Opiate |  |  |
| Heroin |  |  |
| morphine |  |  |
| Polamidon |  |  |
| Other: |  |  |

**Diagnosis of active neurological or mental illnesses, if known** (e.g. ADHD, depression according to Becks inventory, psychosis, mental illnesses, brain diseases, etc.) **:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Diagnoses regarding physical health status:**

HIV \_\_
HEPATTITIS \_\_\_ A\_\_\_ B\_\_\_ C

other infectious diseases:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Sensitivity to** medications (e.B. antiepileptics, antidepressants, neuroleptics, etc.)

\_\_\_ NO

\_\_\_ YES WHAT \_\_\_\_\_\_\_

**History of hypertension or heart attack** (cardiovascular problems, pacemakers, etc.)

\_\_\_ NO

\_\_\_ YES WHAT \_\_\_\_\_\_\_

**Restriction or disease of the stomach - intestinesystem**

\_\_\_ NO

\_\_\_ YES WHAT \_\_\_\_\_\_\_\_

**Impairment or disease of the liver or kidneys**

\_\_\_ NO

\_\_\_ YES WHAT \_\_\_\_\_\_\_

**Active tuberculosis**

\_\_\_ NO \_\_\_ YES

**pregnancy**

\_\_\_ NO \_\_\_ YES