QUESTIONNAIRE
FOR COUNSELLING/COACHING IN HOLISTIC MEDICINE/DENTISTRY

1. Main ailments
(localization, visual appearance, sensation, state of mind, cause, what aggravates - ameliorates ?)

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2. Additional information

Surgery

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Exposition to toxic substances (heavy metals, solvents, paints etc.)

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Injuries / Accidents without sutures

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Injuries / Accidents with sutures

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Traumatic experiences

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Diseases (pneumonia, tuberculosis, jaundice, heart attack, colitis etc.)

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Vaccinations as a child or for staying abroad

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Addictions (alcohol, drugs, remedies, cigarettes)

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Treatments on parasites, serious infections

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Dental treatments (root treatments, tooth removals, surgery, amalgams, crowns/bridges, prosthesis, periodontal diseases etc.)

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Pregnancies, births, aborts

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Medications, remedies (product, dosage)

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Allergies

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Serious familial disease (cancer, diabetes, heart diseases etc.)

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Date: .....

Name: .....

Signature .....