Questionnaire

Kindly carefully and thoroughly complete the questionnaires. If we need additional information, we will contact you.

Name and surname	
Date of Birth	
Contact telephone and e-mail address	
Medicine that are currently using	
Are you addicted to tobacco, alcohol or drugs?	
According to your assessment, give the estimate number of extra kilograms	
Daily amount of water you drink	
The main reason for testing and a brief description of your symptoms	

Circle symptoms and add your opinion on some important details:

Cardiovascular system

☐ Arrhythmias	☐ Hypertension	☐ Cold extremities	☐ *Headache*
☐ *Tinnitus*	☐ Hypotension	☐ *Fatigue*	☐ *Dizziness*
☐ *Varicose veins problems*	☐ *Chest Pains*	☐ *Claves Cramps*	

Respiratory system

☐ Stuffy nose	☐ Chest pain	☐ Sinus pain
☐ Sneezing attacks	☐ Wet cough	☐ Shortness of breath
☐ Secretions from the nose	☐ Dry cough	☐ Hoarseness (sore throat)

Digestive System

☐ Stomach Pain	☐ Blood in stool	☐ Mucus in stool
☐ Heartburn	☐ Gallbladder pain	☐ Black stools
☐ Gas	☐ Diarrhea	☐ Hemorrhoids
☐ Very light stools	☐ Burping	☐ Constipation

Genito-urinary system

☐ Problems with urination	☐ Pain in my kidney	☐ Stones in urine

☐ Irregular menstrual cycles	☐ Premenstrual syndrome (*PMS)*	☐ Menopause
☐ Light menstrual bleeding	☐ Heavy menstrual bleeding	

The endocrine system

☐ Thyroid enlarged gland	☐ Sweating Palms	☐ Poor memory
☐ Sexual dysfunction	☐ Shaking hands	☐ Hair loss
☐ Recent weight increase	☐ Excessive urination (quantity)	☐ Increased sweating
☐ Dry skin	☐ Fatigue	☐ Agitation
☐ Irritability	☐ Depression	☐ Insomnia
☐ Recent rapid weight loss	☐ Drowsiness/ Sleepiness	☐ Poor concentration

Skin

☐ Redness	☐ Rashes	☐ Itching	☐ Acne
☐ Eczema	☐ Reaction to the sun		☐ Psoriasis/ red patches

A brief description of the lesions of the skin (localization, intensity, seasonal or chronic)	

Joints and Spine

☐ Back Pain	☐ Joint pain	☐ Joint deformities
☐ Restricted movement	☐ Joint swelling	☐ Redness of the joint

Allergies

Do you experience regular allergy? How do they come out?	
Have you ever done an allergy test? What is positive?	
Blood count, biochemistry (include items that are outside the reference values)	
Please list any operations, previous chronic diseases, and all you think is important and not listed above	