

Schloss Warnsdorf Klinik Dr. Scheele GmbH - Schlossstr. 10 - 23626 Warnsdorf

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Klinik Dr. Scheele GmbH**

Schlossstr. 10
23626 Warnsdorf

Therapeutic fasting
Naturopathy
Nutritional medicine
Internal medicine
Psychosomatic medicine

Please send this questionnaire 2-3 days before arrival by e-mail to:
arzthelf@schloss-warnsdorf.de
or by fax to:
+ 49 (0) 4502 / 840-584

Patient Health Questionnaire

Last name:	First name:	Date of birth:
Street:	Address no.:	Postcode / City:
E-mail address:		
Telephone number/Mobile number:		

Planning your fasting stay:

Please note, you should not fast in the following situations:

- in case of acute infections
- if vaccinated within the last week to your visit with us
- in case of abdominal surgery within the last 6 weeks or other surgery in the last 2 weeks (depending on the type and severity of the condition)
- in the case of progressive cancer
- following a history of retinal detachment
- with a Body Mass Index (BMI) of 18 and below
- with any type of eating disorder
- with alcohol or/and drug abuse
- in case of hyperthyroidism
- in case of psychosis
- with advanced age-related decline
- in general, children, adolescents, pregnant women, and nursing mothers

If you belong to one or more of the above-mentioned groups, effective dietary alternatives are available to you at the Klinik Schloss Warnsdorf. We will be happy to discuss safe alternatives with you in advance.

For all patients:

Please provide us in advance with information about your state of health and any medical care you are currently receiving. This way, we can contact you before your arrival if necessary:

Do you suffer or have suffered from any of the following:

- Allergies _____
- Cancer _____
- Diabetes _____
- Heart / Blood Pressure / Vascular Conditions _____
- Respiratory Conditions _____
- Gastro-intestinal / Liver / Gall bladder Condition _____
- Urinary Tract Condition _____
- Gynaecological (incl. # of pregnancies) Condition _____
- Thyroid / other Metabolic Disorders _____
- Neurological / Mental Illnesses _____
- Dermatological Conditions _____
- Ophthalmological/ otological Conditions _____
- Musculoskeletal System Conditions _____
- Accidents / Operations _____
- Pain Disorders _____
- (e.g. arthrosis, rheumatoid arthritis...) _____
- What type of symptoms bother you the most? _____
- What are you hoping for from your stay? _____

Additional
comments _____

Please also remember to provide us with your current medication schedule.

name	strength	dosage

Thank you for filling out the required medical information. We look forward to welcoming you soon.

Dr Stefanie Jahn
Specialist in Anaesthesiology

Cornelia Klupsch
Specialist in physical and
rehabilitative Medicine

Dr Rainer Stachow
Specialist in Paediatrics

Dr Cathrin Krieger-Rosemann
Specialist in Internal Medicine

Thomas Dreher, Doctor