



## **Health Declaration Form**

### **Dear Patient:**

For your convenience, attached is a health declaration form that we recommend filling out before your first treatment. Filling out the health declaration form in advance will allow both you and the therapist to prepare for the treatment in the most convenient and efficient manner and will save filling time during the treatment session.

### **Personal Details of the Patient**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ID Number:

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Gender: Male  Female

Marital Status: Single  Married  Divorced  Widowed

Number of Children: \_\_\_\_\_

**This form is written in masculine language but equally addresses both**

### **B. Health Status**

- Do you take any medications/supplements? Yes / No (including pills and blood thinners) If yes, please specify:

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- Have you undergone any medical tests? Yes / No If yes, please specify, including the date and results of the test.

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- Do you experience rapid heartbeats without exertion (palpitations)? Yes / No

- Do you suffer from subcutaneous bruising from pressure or blunt impacts? Yes / No

- Do you suffer from or have you suffered from any orthopedic issues, such as back pain, neck pain, injuries/fractures, movement limitations, muscle pain? Yes / No If yes, please specify:

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- Do you suffer from or have you suffered from depression in the past? Yes / No If yes, please specify:

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- Do you suffer from new pain that has not been medically evaluated? Or is there a medical issue currently under investigation? Yes / No If yes, please specify:

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- Have you had a cancer event in the last five years? Yes / No If yes, please specify:

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**C. Cases Requiring Special Attention:**

Do you feel difficulty climbing 2 flights of stairs without shortness of breath or chest pain? Yes / No

Have you had a stroke? Neurological event or paralysis in part of the body? Yes / No

Do you suffer from a psychiatric disorder (other than depression/anxiety)? Yes / No

Do you suffer from chest pain or angina pectoris? Yes / No

Do you suffer from pulmonary insufficiency? Yes / No

Do you have eye problems/diseases? Yes / No

Do you have a pacemaker implanted in your body? Yes / No

Are you an epilepsy patient? Yes / No

Are you pregnant? Yes / No

If you answered yes to any of the questions, please specify, **and you must inform me of this before coming to the treatment!**

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- If you suffer from asthma, please make sure to bring your inhaler to the treatment.

**D. Reason for Coming to Treatment:**

Main Complaint:

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Secondary Complaint:

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**E. Please detail significant experiences/crises you have gone through in your life:**

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**F. Are there any fears/anxieties/phobias in your life? If yes, please specify:**

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**H. Informed Consent:**

It is my responsibility as a patient to inform the therapist of any changes in my health condition between treatments. I confirm that I am aware that the requested treatment is not a substitute for any conventional medical treatment and/or consultation with a conventional doctor, and I do not intend to change/stop any conventional treatment without consulting the treating doctor. I confirm that my answers to all questions are complete and honest and that I have not withheld any information. I am aware of and agree to the operation of security cameras during the treatment for security and monitoring purposes. Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Dr. Nader Butto's Code Questionnaire

Filling Instructions: Answer each question from 1 to 10 (10 very much, 1 not at all)

Gender: \_\_\_\_\_

A1. It suits me to deal with details and perform tasks thoroughly and systematically.		++
In most cases, my opinion matches the majority opinion.		
I follow the news and keep up with current events at least twice a day.		
A2. I love meeting new people and try to expand my social circle.		--
I am careful not to hurt others or contradict their opinions, even if I don't agree with them.		
It's important for me to give love and to be loved.		
A3. I work better and save myself stress when I am far from the deadline.		+-
I like to plan my steps well before I act.		
I prefer to manage my life by setting goals, dates, and rules.		
A4. It's nice to work in groups and share my adventures with others.		-+
I like to do many things and mix work with play.		
I manage my life in a flexible and free manner.		
B1. I am competitive in all areas of my life: sports, business, interactions, and conversations with people.		F
I do not change my opinion unless I am convinced in a relevant, logical, or factual manner.		
I tend to be adventurous and take risks in business or personal relationships.		
B2. I prefer discussions on topics that can be scientifically confirmed or refuted.		A
I have many ideas and have no difficulty changing my mind frequently.		
I value up-to-date knowledge, accurate information, and proven facts.		
B3. I enjoy original and creative ideas and get quite bored with dry facts.		W
I am more attracted to the aesthetics of things than their practical efficiency.		
I prefer emotional-spontaneous communication over intellectual-logical communication.		
B4. I live in the present and wait for opportunities.		E
I stick to a few people I know and trust and am not quick to form new connections.		
I keep secrets and avoid revealing my feelings, to the extent that others may think I am tough.		

