

Patient questionnaire Name: \_\_\_\_\_

I. date:		II. date:		III. date:	
IV. date:		V. date:		VI. date:	

For complaints / symptoms that apply, grade from 1 (very mild) to 6 (very severe).  
Please leave complaints that do not apply blank.

		Grade degree of the load						
	Indication Do you suffer from:	I.	II.	III.	IV.	V.	VI.	Please leave blank - to be filled in by the therapist
<b>Stool behavior</b>								
1.1	Constipation? <b>(Constipation is any delay or irregularity in bowel movements).</b>							
1.1.1	Cramped, difficult bowel movements?							
1.1.2	Constipation better if you take your time? <i>(bowel treatment)</i>							
1.1.3	Constipation better with exercise and / or drinking?							
<b>Stool / consistency irregularities?</b>								
1.2.1	Is it fatty stool? (floats up)							
1.2.2	Is it mushy stool?							
2.1.7	<b>Is it smeary stool? (much toilet paper)</b>							
1.2.3	Stool smells sour?							
1.2.4	Intestinal problems in general? Stress-related? <i>(Improve intestinal flora)</i>							
1.2.5	Lower back problems that feel better after stool?							
1.2.6	Feeling of pressure on the right side of the upper abdomen? <i>(Improve intestinal activity through liver detoxification)</i>							
1.3	Do you suffer from stress-related diarrhea?							
1.3.1	Diarrhea acute?							
1.3.3	Diarrhea alternating with constipation?							
<b>Flatulence/winds. Attention: Flatulence is painful and stays in the intestine, wind goes out.</b>								
2.1.1	Do you suffer from stress-related flatulence?							
2.1.1.1	Flatulence in general?							
2.1.2	Nonspecific wind/flatulence in lower abdomen? <i>(Improve stress-related poor intestinal flora.)</i>							
2.1.3	Nonspecific wind/flatulence in upper abdomen? <i>(Improve small intestine flora)</i>							
2.1.4	Fermentation dyspepsia							
2.1.4.1	Fermentations in the belly with sweets? Need for sweet? Winds smell of rotten fruit? <i>(Carbohydrate metabolism)</i>							

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2.1.5	Wind smells like rotten eggs? ( <i>Protein metabolism disorders</i> )							
2.1.6	Pressure in the upper abdomen? Air in the upper abdomen? ( <i>Roemheld</i> )							
2.2	Do you suffer from general food intolerances?							
2.2.1	Sugar/fruit intolerance or sweet tooth?							
2.2.2	Feeling of overload of stomach/intestine? ( <i>Pancreas disorder stress-related</i> )							
2.2.2.1	Do you have an unhealthy diet? (Often canteen, fast food, instant meals, soft drinks) ( <i>Pancreatitis, chronic</i> )							
2.2.3	Do you have the impression that you do not tolerate fatty foods and oils well?							
2.2.4	Are you intolerant to animal protein products? Are dairy product, egg intolerances known?							
2.2.5	Do you have a bad feeling in your upper abdomen? ( <i>Histamine breakdown</i> )							
2.4	Undefinable abdominal pressure to cramps?							
2.5.6	Do you have or have you ever had stomach or intestinal ulcers?							
2.7	Do you have or have you ever had hemorrhoids?							
2.7.2	Have you ever had food poisoning? ( <i>Liver poisoning due to backlog</i> )							
	<b>Appetite</b>							
3.1	Do you have general stomach complaints?							
3.1.3	Stomach discomfort with air and upper abdominal pressure after eating in general?							
3.1.4.1	Stomach discomfort with air and upper abdominal pressure after eating stress-related?							
3.1.6	Stomach irritation with heartburn?							
3.1.7	Stomach problems with stress, nervousness, hunger? ( <i>Stomach neurosis</i> )							
3.2	Stomach acidity / urge to vomit / belching / heartburn?							
3.2.6	Burping sour in general?							
3.2.7	Stomach pain with burning?							
3.2.8	Have you ever been diagnosed with Helicobacter?							
3.2.11	Heartburn due to stress?							
3.3.1	Long lingering of food in the stomach, globus sensation in the stomach? BIS HIER							
3.4	Do you suffer from loss of appetite?							
3.4.1	Loss of appetite due to stress?							
3.4.2	Loss of appetite with a cold stomach feeling?							
	<b>Allergies</b>							
4.1	Do you suffer from allergies in general?							

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4.2	Do you suffer from hay fever?							
4.3	Allergies to animal proteins (dairy products, eggs, meat) known?							
4.3.3	Allergies to antibiotics, penicillin, medications?							
4.3.4	Allergies to preservatives?							
<b>Thirst / Kidney / Bladder</b>								
5.1	Do you have a <b>lack of</b> thirst?							
5.2	Frequent blister irritations and cold feet?							
5.2.1.1	Blister irritation and thick legs, sock print in the evening?							
5.2.2	Do you often have to urinate?							
5.3	Bladder infections after sexual intercourse? Currently a bladder infection?							
5.5	Urination disorders, also stress-related?							
5.6	Do you have to urinate often at night?							
5.7	Difficulty holding water since giving birth?							
5.8	Bedwetting in children							
5.10	Burning when urinating?							
5.11	Have you ever had kidney problems?							
5.12	Do you have acute kidney problems right now?							
<b>Sleep</b>								
6.1	Do you have trouble falling asleep?							
6.2	Do you wake up regularly at night?							
6.2.1 - 6.2.6	If so, at what time approximately?							
<b>Movement / Breathing</b>								
	You should exercise every day until you break out in a pleasant sweat.							
7.1.1	Do you suffer from breathing problems along with heart problems?							
7.1.2	How bad do you think your lack of exercise is, if any?							
7.1.3	Are you breathing very shallowly?							
7.1.4	Do you breathe heavily and shallowly when stressed?							
7.2.1	Are you short of breath? (when climbing stairs)							
7.3	Do you periodically suffer from shortness of breath?							
7.4	Heavy breathing with low blood pressure?							
7.6	Are your bronchial tubes congested?							
7.7	Cough?							
7.7.1	Cough with a lot of mucus?							
7.7.2	Often cough irritation?							

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7.7.4	Just acute cough?							
7.8	Do you suffer from chronic bronchitis?							
7.9	Do you have sticky white sputum?							
7.10	Do you have acute pneumonia?							
7.11	Do you suffer from asthma?							
	<b>Skin</b>							
8.1	Do you have dry skin?							
8.3	Do you occasionally suffer from eczema, boils?							
8.3.2	Is your skin easily irritated? (rashes more often, smells sour)							
8.3.4	Do you have oily skin?							
8.5	Do you suffer from connective tissue weakness?							
8.5.3	Weakness of the connective tissue with spider veins?							
8.5.4	Water retention in the tissue?							
	<b>Scars</b>							
	Do you have any scars? (injuries, burns, cuts) How many?							
9.4	Do you suffer from hard tension? (Hardening in the muscle tissue, neck, back).							
	<b>Musculoskeletal system</b>							
10.1	Do you suffer from general joint pain?							
10.1.1	Groin pain?							
10.1.2	Neck pain?							
10.1.2.1	Neck pain on one side?							
10.1.3	Pain in the flanks?							
10.1.4	Pain in the upper extremities?							
10.1.5	Pain in the rib area?							
10.1.6	Pain in the shoulder blade?							
10.2	Cramping pain?							
10.3	Muscle pain?							
10.4	Rheumatic pain in soft tissues, pain comes and goes?							
10.6	Calf cramps?							
10.7	General spinal pain							
10.7.3	Spinal pain of a section?							
10.7.4	Disc wear with pain?							
10.8	Does your neck feel blocked?							
10.9	Does your tailbone/crossbone feel blocked?							
10.10	Do you have hip pain / hip osteoarthritis?							
10.11	Foot or knee pain?							
10.11.1.1	Ankle problems chronic?							
10.11.1.3	Complaints in the knee joint?							
10.12	Elbow joint discomfort?							

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10.13	Shoulder joint pain?							
10.14	Wrist pain, carpal tunnel syndrome?							
10.14.4	Tendinitis in the wrist?							
10.15	TMJ problems, chewing problems?							
10.17	Dupuytren's contracture?							
	<b>Defense / Immune System</b>							
11.1	Do you often have a cold, runny nose? (Defense increase)							
11.2.5	Is there a known autoimmune tendency?							
11.3	Do you often have the flu?							
11.4	Do you often have a fever?							
11.4.1.1	Do you have a febrile inflammation involving the neck area?							
11.5.3	Tonsillitis?							
11.5.4	Do you have difficulty swallowing?							
11.6	Sinus problems with a cold?							
11.7	Do you have a sinus infection?							
11.8	Is your nose blocked?							
11.9	Do you suffer from odor loss?							
	<b>Ears / Hearing</b>							
11.10	Hearing/ear problems in general?							
11.10.1.1	Do you have an earache?							
11.10.2	Chronic ear infection?							
11.11	Do you suffer from hearing loss?							
11.11.1	Have you had a hearing loss?							
11.11.3	Do you suffer from deafness/hard of hearing/hearing disorders?							
11.11.6	Do you suffer from tinnitus?							
	<b>Teeth</b>							
12.1	Do you suffer from diffuse toothache?							
12.2	Deep dental problems / dental foci?							
12.3	Do you suffer from toothache?							
12.4	Do you have loosened teeth?							
12.5	Do you have periodontal disease?							
12.6	Do you have gum disease?							
	<b>Lymph</b>							
13.1	Do you suffer from lymphatic congestion? (Lymph Activation)							
13.1.2	Do you have side stitches more often?							
13.1.4	Do you suffer from lymphedema?							
13.1.6	Extremely swollen legs? (Elephantiasis)							
	<b>Nervous system</b>							
14.1	Do you suffer from pulling nerve pain?							
15.1	Headache?							
15.1.2	Neck headache?							

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15.1.3	Head pressure in the middle of the head?							
15.1.4	Head pressure in the forehead area?							
15.1.5	Head pressure total and cranial area?							
15.1.7	Back of the headache?							
15.1.8	Headache left side and crown area?							
	<b>Psyche / Vitality</b>							
16.1	Do you often have aggression?							
16.1.2	Are you often stressed? ( <i>Regulate adrenaline release</i> )							
16.2	Do you experience feelings of anxiety?							
16.3	Do you suffer from fatigue?							
16.3.2	great fatigue?							
16.4	Lack of strength?							
16.5	depressed mood/worry/gloom?							
16.5.3	depressed mood after anger?							
16.5.4	depressive mood after heartbreak?							
16.6	Do you often feel emotionally blocked?							
16.7	Do you have the impression of a lack of energy with too little oxygen?							
16.8	Do you feel exhausted? ( <i>Lack of vitality</i> )							
16.8.1	Do you lack strength and zest for life?							
16.9	Do you tend to shiver and freeze easily?							
	<b>Cardiovascular and vascular</b>							
17.1	Is your blood pressure elevated?							
17.2	Is your blood pressure too low? (Tonify circulation)							
17.2.1	Circulatory weakness, support, dizziness?							
17.2.3.1	Blood pressure fluctuations? (fluctuations)?							
17.3	Support circulation (tonify)							
17.5.2	Heart sensations during stress? (Improve heart activity)							
17.5.2.1	Burning in the legs?							
17.5.3	Tachycardia? (Tachycardia)							
17.6	Chest tightness?							
17.7	Angina pectoris?							
17.8	Heartache?							
17.8.2	Heart pain due to lack of oxygen?							
17.8.3	Heartache due to emotional stress?							
17.8.6	Heart problems due to air in the stomach? (Meteorism, Roemheld)							
17.10	Venous insufficiency? (due to portal vein congestion)							
17.10.3	venous weakness, vein ectasia (venous couperosis), (improvement of respiratory power)							
17.10.4	Varicose veins? (Strengthening heart vitality)							

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17.11	<b>Phlebitis? (Phlebitis) due to portal vein congestion</b>							
17.11.1	Vein inflammation (phlebitis) painful?							
	<b>Addiction Treatment</b>							
18.1	Do you smoke? (Addiction treatment 1)							
18.2	Alcohol daily? (Addiction treatment 2)							
18.3	Addiction treatment 3							
	<b>Hormones</b>							
19.3	<b>Thyroid regulation (also goiter/truma)</b>							
19.3.1	Goiter? Goiter? (Thyroid regulation also goiter/struma)							
19.3.3	Thyroid problems in general?							
19.3.4	Hyperthyroidism?							
19.3.5	Hypothyroidism, -exhaustion?							
19.3.6	Thyroiditis (inflammation of the thyroid gland)?							
19.3.7	Choking sensation? (Thyroid)							
19.4	Genital area painful?							
19.5	<b>Menstrual cramps</b>							
19.5.1	Menstruation strong?							
19.5.1.5	Menstruation, not breastfeeding?							
19.5.2	Menstruation, absent?							
19.5.4	Menstrual pain?							
19.5.6	Vaginal discharge (leucorrhoea) ( <i>optional vaginal smear in 1st cup</i> ).							
19.5.7	Menopausal symptoms?							
19.5.8	Morning sickness?							
19.6	<b>Potency difficulties?</b>							
19.6.3	Impotence?							
19.6.4	Seed loss?							
	<b>Eyes</b>							
20.1	Eye strain?							
20.1.1	Nearsightedness and farsightedness?							
20.1.2	Tear flow?							
20.2	Eye diseases? Veil before the eyes, night blindness, conjunctivitis, myopia?							
20.3	Eye pain, redness, inflammatory?							
20.3.3	Conjunctivitis due to stress?							
20.4	Eye pain? (also haze formation in the eye)							
20.6	Intraocular pressure elevated? ( <i>Liver congestion</i> )							
20.6.1	Pressure on the eyes ( <i>outflow disorder</i> )							
20.7	Visual disturbances? (Dizziness)							
20.9	Cataract early stage?							
20.10	Corneal dystrophy / degeneration?							

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20.11	Night blindness?							
20.12	Color blindness?							
	<b>Blockades</b>							
21.7.1	Are you taking chemical medications / opiates? ( <i>Blockade by allopathics / opiates</i> )							
21.7.3	Have you had any operations? ( <i>Blockage due to anesthetic</i> )							
22.1-22.1.8	<b>Cellulite?</b>							
	<b>To be completed by the therapist only:</b>							
21.1	Intestinal detoxification							
21.2	Skin detoxification acidification							
21.3	Toxin removal							
21.4	Liver detoxification							
21.5	Liver detoxification through lymphatic stimulation							
21.5.1	Detoxification via lungs							
21.6	Kidney detoxification							
21.7	Detoxification due to chemicals							
21.7.1	Blockade by allopathics / opiates							
21.7.3	Blockade by anesthetic							
21.7.4	Vaccine damage							
21.7.5	Radiation exposure							

**Please note:** The naming of the programs and the individual compilation of frequency programs do not represent an assertion of effect, but only a harmonization of the areas according to the rules of Harmonical Frequency Procedure. They do not replace diagnosis and therapy by an experienced therapist/doctor. In case of complaints, it is essential to involve a qualified therapist.