beter kliniek
integrale geneeskunde en gezondheid

INTAKE & ANAMNESE FORM

Thank you for making an appointment at BeterKliniek. Please complete this anamnesis form as best as possible and send it to info@beterkliniek.nl.

This questionnaire serves as a tool for obtaining adequate patient information for diagnosis and treatment. Would you like to complete this anamnesis form as carefully as possible and, where desired, as extensively as possible? Take your time and be honest with yourself when answering the questions. The more detailed the information we have at our disposal, the better we can advise and treat you.

Date: ◯ Man ◯ Women

Lastname:

Firstname:

Adress:

Postal Code: Residence:

Phone number: Mobile:

Date of birth: Birthplace:

E-mail:

Profession::

Health insurer:

Aanvullend verzekerd? ◯ Yes ◯ NoI want to

receive the newsletter from BeterKliniek and GenQ ◯ Yes

Reason: ◯ I want to do an intake at BeterKliniek
◯ I have been referred by another healthcare provider

Name:

Profession:

Postal Code: Residence:

Tel. nummer: Mobile:

Medical history, current complaints and which diagnoses and by whom?

Do you have certain allergies / hypersensitivity (food, supplements and medicines?)

Would you like to state here which medicines / food supplements you use, for how long and how much?

If you have blood, saliva, urine and / or fecal examinations, please include them in the anamnesis.

I am aware that:

1. Consultations are not always or only partly reimbursed.
2. Investigations are not always or only partly reimbursed.
3. BeterKliniek can propose a complementary / alternative treatment plan
4. I follow all advice from my own choice and am responsible

BeterKliniek advises you to take advice, treatments and prescriptions from your GP or specialist

to follow. I have answered the questions to the best of my knowledge. For approval:

Date: Residence:

If a minor
(<18) legal name
represent (st) er::

Signature: