



Karen Fletcher

Praxis für klassische Homöopathie

Patient-Questionnaire

Dear Patient

Please take the time to fill in the questionnaire completely and return it to me before our appointment by e-mail or post. The more accurate your information is, the easier it is to find the appropriate homeopathic remedy. Please bring any diagnostic documents, written reports and a copy of your vaccination card to our initial consultation.

Particulars

Surname:	First Name:
Street:	Zip code/Residential Address:
Telephone:	Mobile:
Occupation:	E-Mail:
Date of Birth:	Civil Status:
Height:	Weight:
Health Insurance:	Invoice: <input type="checkbox"/> by e-mail <input type="checkbox"/> by post

How did you hear about me? (Recommendation, by internet, newspaper, etc.)

Chief ailment

What are your complaints? Describe briefly why you are coming to me.

Medication

What medication are you taking or have you taken previously for a longer period of time? This includes herbal and homeopathic remedies, Schüssler salts, hormones, etc. If you have recently taken homeopathic remedies, I would ask you to list them by name and potency or get your previous homeopath to compile a list of the remedies taken.

Mind and spirit

What have been your biggest worries/sorrows in your life so far?

This page is only to be filled out if your child is the patient!

How were your pregnancy and childbirth? (Normal birth, Caesarean section, breastfeeding, etc.)

How is/was the development of your child? (crawling, standing upright, walking, teething, talking, learning, etc.)

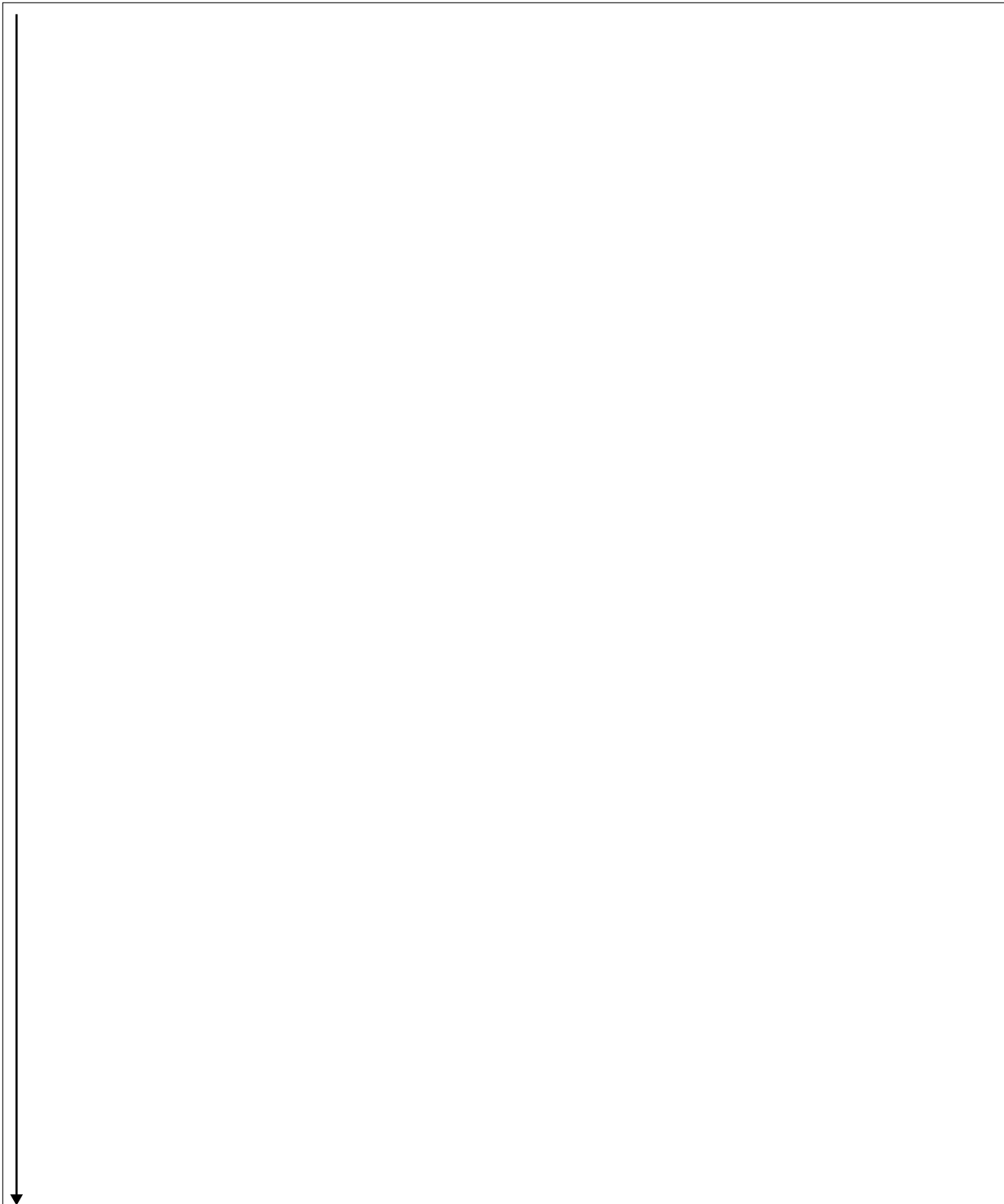
Was your child vaccinated? Did your child react to it, perhaps even after a period of time? Has there been a conspicuous response, or did you experience problems (not only necessarily related to the vaccination-related symptoms or abnormalities) some time (weeks, months) after the vaccination? Please provide me with a copy of your child's vaccination card.

What childhood diseases has your child undergone? (Chicken pox, measles, rubella, mumps, whooping cough, scarlet fever, etc.)

Chronological sequence of events

Please list in chronological order all your childhood diseases, diseases, complaints, conditions, accidents, operations, incisive experiences, etc. Also record the year or your age for each event.

0 Years (Birth)



today

Family history

Please write down, as comprehensive as possible, all the known and notable diseases, causes of death and the age at the time of death of your relatives.

Great grandparents (maternal)		Great grandparents (paternal)	
Grandfather (maternal)	Grandmother (maternal)	Grandfather (paternal)	Grandmother (paternal)
Mother (including birthdate)		Father (including birthdate)	
Siblings (including birthdates)			

Medication

If you are taking conventional medicine, you can only reduce or discontinue these in collusion with your doctor. Never discontinue medication independently! With your signature at the end of the document you confirm that I have not advised you at any time, nor have I urged you to discontinue a drug on your own.

Appointments

My practice organization is based on an appointment. If you are unable to meet an appointment, please let me know at least two days beforehand, so I can use the reserved time for other patients. Should you ignore the appointment or cancel it too late (less than 48 hours before), the time reserved for you will be billed.

Health insurance and costs

I am recognized by all Swiss health insurance companies with the supplementary insurance (complementary medicine). There are, however, great differences in compensation. In order for you to know how your health insurance will settle my benefits, and do not lead to nasty surprises, I would ask you to clarify this with your insurance company before your first consultation.

Costs are billed at an hourly rate of CHF 160.– and accrues for consultations, phone calls and case processing. All expenses are charged and rounded up in five-minute units.

If the therapy is unsuccessful, there is no claim for compensation, cancellation, discount, or similar from the fees charged by me. The invoice should be paid within 30 days of receipt.

Emergencies

In case of emergency you can reach me outside office hours. Please leave a message on my answering machine (043 818 77 80) and I will call you back. A cold or similar is not an emergency. In case of a very urgent emergency, please contact your GP or the ambulance directly!

Privacy Statement (DSE) Version October 2023

I, Karen Fletcher, owner of the alternative medical practice for classical homeopathy, Baumackerstrasse 49, 8050 Zurich, hereby confirm to abide by the following rules according to the Data Protection Act and Data Protection Ordinance. The purpose of this privacy policy is to inform you as a patient about my handling of your personal and sensitive data collected in my practice.

Es werden nur solche Daten bearbeitet, die mit der alternativmedizinischen Behandlung im Zusammenhang stehen oder die für eine Information über allfällige Angebote relevant sind. Es handelt sich dabei ausschliesslich um Daten, die ich mit Ihrem Einverständnis aufgenommen habe, die Sie mir haben zukommen lassen oder die in öffentlich zugänglichen Verzeichnissen (Telefonbuch u.a.) zu finden sind. Dies können allgemeine Daten zu Ihrer Person (Namen, Anschrift, Telefonnummer usw.), Angaben zu Ihrer Gesundheit, zum Krankheitsverlauf oder zu bereits gestellten Diagnosen und gegebenenfalls weiteren Daten sein, welche Sie mir aufgrund der Behandlung übermittelt haben (Patientendossiers).

Only those data are processed that are related to the alternative medical treatment or that are relevant for information about possible offers. This is exclusively data that I have recorded with your consent, that you have sent me or that can be found in publicly accessible directories (telephone directory, etc.). This can be general data about you (name, address, telephone number, etc.), information about your health, the course of your illness or diagnoses that have already been made and, if applicable, other data that you have transmitted to me as a result of treatment (patient files).

I will only pass on your personal data to persons or areas of my practice who need it to fulfill contractual and legal obligations. These are informed about the applicable data protection rules and are obliged to comply with them.

Your data or parts thereof will only be made accessible to other persons or institutions (insurers, etc.) with your explicit consent. Exceptions are judicial orders or the enforcement of justified claims on the part of the practice.

Insofar as your data is physically collected and processed, it is stored in a lockable room or cabinet that is not accessible to unauthorized third parties. Electronically collected data is stored securely (firewall, password, etc.).

Unless cantonal or other legal regulations state otherwise, your data collected by me will be deleted twenty years after your last consultation in my practice.

Written communication by e-mail between my practice and you will be made using a standard mail encryption program. Unencrypted communication by e-mail will only take place with your written consent.

As a patient, you can request a duplicate of all your data collected by me in a common electronic format at any time. Only physically available data will be scanned for this purpose and sent to you as a PDF or in paper form. The data will usually be given to you free of charge and within a maximum of 30 days.

The therapist responsible for you is responsible for all questions in connection with the processing of your personal data and the exercise of your rights.

With my signature (or the legal representative's) I confirm the above information and accept the general terms and conditions.

Place/Date: Signature: