PARKSIDECLINIC

FRANK PLEUS
DR. MED. DR. MED. DENT.

WELCOME TO THE PARKSIDECLINIC!

Please fill out this questionnaire legibly.
It serves for administrative and informational purposes.

Last name: First name:

Address:

Mobile: E-Mail:

Date of birth:: Gender:

Size: Weight:

Nationality: Profession:

Billing

The Swiss Supervisory Authority for health insurance, SanteSuisse / SASIS, dictates that, based on the Swiss Health Law KVG, billing must be as follows:
Conventional school medicine, specialists --> Basic insurance
Treatments of chronic disease and health complaints --> Basic insurance and Private
(Consultation via health insurance until time limit reached according to Tarmed. Rest on private basis. Basic laboratory mostly via health insurance, special laboratory and treatments privately after cost clarification.)
Check up, energy enhancement, blood tuning, prevention, treatments by naturopaths, all holistic approaches, aestetics, kryotherapy, environmental and dental medicine, infusion medicine, nutritional supplements, conventional medical diagnostics and therapy without mainstream accepted indication, iron infusions without health insurance cost approval, international patients --> solely private service

Further information

In the event of no-shows and cancellations within 24 hours bevor the appointment, you can be charged fort he reserved time as a non-compulsory service based on the current private tarif.
E-Mails are genereally charged as telephone calls. All medicinal products and natural products may no longer be taken back by law. Orphan drugs and medicines approved outside Switzerland may also be given at the patient‘s own risk.

Patient declaration

- I have given my information truthfully and confirm my consent tot he modalities mentioned above.
- I personally bear the reimbursement risk on the part of the health insurance companies.
- I allow external institutions to invoice the PSC and carry out debt collection.
- I agree that insurance companies settle direclty with the PSC.
- Private bills are sent directly to the patient

O I would like a purely private treatment without reimbursement of the insurance.

I hereby confirm that I have understood this patient declaration and legally accepted these regulations,

Thalwil, Signature:

Patient questionnaire

What is your main purpose?

Chronic stress	o yes o no	_____
Sleep disturbances	o yes o no	_____
Exhaustion	o yes o no	_____
Restlessness	o yes o no	_____
Concentration / memory problems	o yes o no	_____
Fatigue	o yes o no	_____
Nausea, vomiting, flatulencen	o yes o no	_____
Back problems, depression	o yes o no	_____
Allergies	o yes o no	_____
Loss of appetite	o yes o no	_____
Mental problems, depression	o yes o no	_____
Epilepsy	o yes o no	_____
Shortness of breath, asthma	o yes o no	_____
Bladder and genital disorders	o yes o no	_____
Heart problems, high blood pressure	o yes o no	_____
Muscle disease, stiffness, cramps	o yes o no	_____
Headache, migraine	o yes o no	_____
Radiation, environmental poisoning	o yes o no	_____
Lack of energy	o yes o no	_____
Hair loss	o yes o no	_____
Varicose veins	o yes o no	_____
Diabetes	o yes o no	_____
Thyroid gland diseases	o yes o no	_____

What are your family diseases or disorders?

What diseases surgeries, accidents have you undergone?

How often do you exercise?

How many hours do you sleep?

Do you follow a vegan diet?

How many liters do you drink per day? Alcohol?

How often do you smoke?

How is your blood pressure?

Do you take any medications?

Do you have root-treated teeth, amalgam fillings?

Are you vaccinated, against what?

What kind of stresses are you exposed to?

Have you already looked into holistic healing methods?