



MEDICAL QUESTIONNAIRE

BASIC CLIENT INFORMATION

Full name:			Country of origin:				
Phone:		E-mail:					
Gender:	female male	Age:	Weight:	kg	Height:	cm	Language:
Occupation:				Travel agency:			

SPECIFICATION OF THE CLIENT'S MEDICAL CONDITION

Main diagnose / health problem (e.g. pain – where and how long it lasts):

Date of trauma/stroke/surgery/illness:

Goals and expectations from the rehabilitation programme:

Everyday life activities (e.g. professional athlete, causal sport, interests, etc.):

SELECT THE APPLICABLE/RELEVANT OPTION FOR YOUR HEALTH CASE

Mental status:	Good	Uncooperative	Speech:	Normal	Affected	Cannot speak
Breathing:	Normal	Tracheostomy	Oxygene required			
Swallowing:	Normal	Feeding	NG tube	PEG tube		
Bladder & bowels:	Continent	On diaper	Colostomy	On catheter		
Walking independently:	Yes	No	Walking with walking device:	Yes	No	
Wheelchair required:	Yes	No				
PACEMAKER/ICD:	Yes	No				
Dressing up:	Independently	With help	Full help			
Toileting, hygiene:	Independently	With help	Full help			
Diabete Mellitus:	Yes	No	Insulin:	Yes	No	
Functional status:	Independent	Partial help	Fully dependent			

Please continue on the other side »

SPECIAL HEALTH CONDITIONS AND REQUIREMENTS

Skin lesions or bed sores:	Yes	No	Any cancer/tumors?	Yes	No	Epilepsy:	Yes	No
Infections at the moment:	Yes	No						
If yes, please specify:								
Do you have any allergies and intolerances:								
Do you need nursing care:	Not required		8 hours daily		Non stop (24/7)			

ACCOMMODATION SPECIFICATIONS

What type of room would you like to have?	Double room		Single room		Suite			
Do you need an electric/medical bed in your room?	Yes	No						

OTHER REQUIREMENTS OR NOTES

Date:

Signature: