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**Medical File for ANR treatment in Switzerland - Confidential**

**name** **first name**

**date of birth**       **Sex** **f**  **m**

**street**       **Nr.**

**postal code**       **city**       **country**

**insurance**       **number**

**mobile**       **E-Mail**

**language**       **English** **yes**  **no**

**marital state**       **children**

**former education**       **occupation**

**immediate familiy 1**       **phone**

**immediate familiy 2**       **phone**

**family doctor**

**psychiatrist**

**specialist**

**Consent to inform these doctors ? yes**  **no**

**Further information**        
       
       
       
     

**History of substance abuse**

**Drugs first used? At the age of?**

**Circumstances to substance abuse?**

**Further drug abuse (what? amount? how? Space of time?)**

**Drugs currently being used (what? amount? how? Space of time?)**

**Substitution (what? dosage? how? Space of time?)**

**Remarks concerning behaviour of drug abuse**

**When "clean" - your craving scale is?** **mild**  **moderate**  **severe**

**Withdrawel treatments?**

**Addiction therapies?**

**Psychiatric treatments**

**Regular medication**

what dosage intake remarks

                   
                         
                         
                         
                         
                          
                         
                         
                         
                         
                         
  
further/remarks:      

**Intolerance / Allergies**

To what kind of reaction

             
             
             
  
further/remarks:      

**Personal history (illness, surgery, emergencies, hospitalization)**

Year event remarks

                   
                   
                   
                   
                   
                   
                   
                   
                 

Further/remarks:      

**Medical history**

disorders yes no if yes - details

Loss of consciousness?

Seizures?, epilepsy?

Reduced physical efficiency?

Heart disease?

Lung disease? Asthma?

Kidney disease?

Urinating disorders?

Diabetes?

Ulcers?

Liver disease?

Intestinal disorders?

High blood pressure?

Problems with anaesthesia?

Smoking?

Alcohol?

Pregnancy?

**Main diagnosis**

       
       
       
       
       
       
       
       
       
     