

 Daniel F. Beutler, MD

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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**