ANR EUROPE
BY MEDAXO

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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