

3E Medical History Questionnaire



Please return it to us together with your medical data and reports.

Date: _____

Part 1: Mandatory Details - please answer all the questions

First name _____

Surname _____

Street _____

Post Code/City _____

Telephone _____

E-Mail _____

Date of birth _____

Telephone number for emergencies:

Cancer Diagnosis

Cancer Type _____

Date diagnosed _____

Stage (TNMG) _____

Localisation _____

Metastases at initial diagnosis _____

Metastases today _____

Surgery of tumors

☐ No ☐ Yes Date _____

Which operation was performed and when?

Chemotherapy ☐ No ☐ Yes

Start of Chemo _____

End of Chemo _____

Number of treatments _____

Has a sensitivity test been made before?

☐ No ☐ Yes

Radiation ☐ No ☐ Yes

Dose _____

Date start of radiation _____

Date radiation completed _____

Hormonotherapy ☐ No ☐ Yes

with _____

Blood group _____

Body height _____ Normal weight _____

Current weight _____

Blood pressure _____

When _____ was last time you had temperature & why _____

Which therapy did your doctor suggest you now?

Which drugs do you take at present?

Karnofsky Rating (see below) _____

Karnofsky Index:

100 Normal no complaints; no evidence of disease

90 Minor signs or symptoms of disease

80 Some signs or symptoms of disease

70 Unable to carry on normal activity or to do active work

60 Requires occasional assistance, but is able to care for most of his personal needs

50 Requires considerable assistance and frequent medical care

40 Disabled; requires special care and assistance

30 Severely disabled; hospital admission is indicated

20 Very sick; hospital admission necessary

10 Moribund; fatal processes progressing rapidly

What are your main problems at present?

What other diseases do you have at the moment?

Do you have open wounds? ☐ No ☐ Yes

Where on your body do you have what kind of wounds?

What kind of serious diseases did you have in the past?

Did you have Hepatitis? ☐ No ☐ Yes

Did you have infectious diseases (e.g. Diphtheria or TB)? ☐ No ☐ Yes
Which one?

How often per day do you have hard stools?

Can to take a bath? ☐ No ☐ Yes

Can you take a footbath? ☐ No ☐ Yes

Please choose a number

(1 = very good; 10 = very bad)

How is your current appetite/thirst?

How is your digestion/defecation?

How is your physical mobility?

Do you have (please answer with yes or no)

Sleep disturbance? ☐ No ☐ Yes

Amalgam fillings? ☐ No ☐ Yes

Dead teeth? ☐ No ☐ Yes

Hearth-trouble? ☐ No ☐ Yes

Difficulty in breathing? ☐ No ☐ Yes

Restlessness/fatigue? ☐ No ☐ Yes

Disorder in the area of bladder/
gall? ☐ No ☐ Yes

Vomiting/nausea? ☐ No ☐ Yes

Allergies? ☐ No ☐ Yes

Back troubles/joint problems? ☐ No ☐ Yes

Jaundice? ☐ No ☐ Yes

Pain? ☐ No ☐ Yes

How strong is your pain currently on a scale from
1 bis 10:

 (1 = no pain, 10 = every day very
strong pain)

Do you take daily pain killers? ☐ No ☐ Yes

Bleeding? ☐ No ☐ Yes

Anaemia? ☐ No ☐ Yes

Psychological illness? ☐ No ☐ Yes

Which one?

Suicide attempts? ☐ No ☐ Yes

Do you take psychotropic drugs? ☐ No ☐ Yes

Do you smoke? ☐ No ☐ Yes

Did you use to smoke and if yes how many a day?
☐ No ☐ Yes

How much alcohol do you drink?

Implants and hearing aids

Do you have implants in your body? ☐ No ☐ Yes
What kind?

Do you have a pacemaker? ☐ No ☐ Yes

Do you have a port? ☐ No ☐ Yes

Do you wear a hearing aid? ☐ No ☐ Yes

Do you wear an insulin/pain pump? ☐ No ☐ Yes

Did you get a Corona Vaccination?

☐ No ☐ Yes

If yes, which one and how often?

Part 2: Voluntary Information

How much water etc. do you drink daily? _____

Which significant diseases have occurred in your family?

Current profession _____

Previous professions _____

Marital status _____ Children _____

Religion _____

Left or right handed _____

Are you a?

Vegetarian ☐ Vegan ☐ Raw food eater ☐

What fats / oils do you use for salads?

and for frying _____

Have you ever been on a diet? ☐ No ☐ Yes

Why and did you succeed?

Are you currently on a diet / special nutrition?

How often per week do you eat:

Meat? _____ Cold meats? _____

How many cups of coffee per week? _____

What nutritional books have you read?

Do you know about the Oil-Protein-Diet?

☐ No ☐ Yes

Do you know about trans fatty acids?

☐ No ☐ Yes

What do you not eat?

What is your favorite food?

Do you have a juicer? ☐ No ☐ Yes

Are you truly willing to change your diet?

☐ No ☐ Yes

Have you ever done an enema yourself?

☐ No ☐ Yes

In what area of life do you have the most stress?

Marriage/Partner: _____

Family _____

Work _____

Finance _____

Others _____

How happy were you before you got cancer?

What would you like to do once in your life?

How happy are you now?

What else would you like to tell us that you feel is important and significant for us to know?

Do you pray? ☐ No ☐ Yes

Do you go to church frequently?

☐ No ☐ Yes

Do you meditate? ☐ No ☐ Yes

Do you perform relaxation exercises on a regular basis? ☐ No ☐ Yes

Do you or have you used Psychoanalysis / Psychotherapy? ☐ No ☐ Yes

What cancer books have you read?

What questions do you desperately want to be answered?

What were your Life's dreams once?

☐ I have read and accepted the following obligation to inform with regards to this 3E-Medical-History-Questionnaire

Date

Signature

Obligation to inform with regards to the 3E-Medical-History-Questionnaire

In the following we inform you about the collection of personal data in connection with the 3E medical history questionnaire. Personal data is all data that can be related to you personally, e.g. name, address, e-mail addresses, telephone number.

1. contact details and company data protection officer

The person responsible pursuant to Article 4 paragraph 7 DS-GVO is 3E Gesundheitszentrum für ganzheitliche Therapien Buocher Höhe UG and Seminarzentrum Buocher Höhe GmbH Im Salenhäule 10 73630 Remshalden-Buoch
Telephone: +49(0)7151 9813-0
Fax: +49(0)7151 9813-210
E-mail: klaus.pertl@3e-zentrum.de
The data protection officer of the 3E Gesundheitszentrum für ganzheitliche Therapien Buocher Höhe UG and Seminarzentrum Buocher Höhe GmbH can be reached at the above address, for the attention of the data protection department, or at datenschutzbeauftragter@3e-zentrum.de

2. purposes of data processing and legal bases

(1) The data will be collected, stored and, if necessary, passed on by us for the purpose of customer acquisition, consulting and support, order initiation and processing for participation in the 3E program. The collection, storage and transfer is therefore carried out for the purpose of carrying out and checking pre-contractual measures which are carried out at the request of the person concerned and on Art. 6 Para. 1 lit. b DSGVO - fulfilment of contract and Art. 6 Para. 1 lit. c - AO 147, HGB 253. Failure to provide this data may result in the person not being able to participate in the 3E program.

3. we transmit personal data to employees, doctors, tax consultants, courts, data storage in the cloud.

Any further processing will only take place if you have given your consent or if legal permission has been obtained.

4. duration of data storage

If we do not process your contact information for business purposes, we will store the data collected for the 3E questionnaire and medical reports for a period of 6 months. However, if the person participates in the 3E program, they will do so until the end of the legal retention period of 10 years. After this period, the data collected in the 3E questionnaire and the medical reports provided will be deleted or blocked if deletion is not possible.

5. your data protection rights

You have the right to request information from us at any time about the personal data we have stored about you (Article 15 DS-GVO). This also applies to the recipients or categories of recipients to whom this data is forwarded and the purpose of the storage. In addition, you have the right to request the rectification under the conditions of Article 16

DS-GVO and/or the deletion under the conditions of Article 17 DS-GVO and/or the restriction of processing under the conditions of Article 18 DS-GVO. Furthermore, under the conditions of Article 20 DS-GVO, you may request data transmission at any time - provided that the data is still stored by us.

If personal data are processed in order to perform tasks in the public interest (Article 6 (1) sentence 1 letter e DS-GVO) or in order to safeguard legitimate interests (Article 6 (1) sentence 1 letter f DS-GVO), you may object to the processing of your personal data at any time with effect for the future. In the event of objection, we shall refrain from any further processing of your data for the aforementioned purposes, unless, there are compelling grounds for processing worthy of protection which override your interests, rights and freedoms, or the processing is necessary for the assertion, exercise or defence of legal claims. Under the conditions laid down in Article 21(1) of the DS Block Exemption Regulation, data processing may be opposed on grounds relating to the particular situation of the data subject.

6. contact

All requests for information, requests for information, revocations or objections regarding data processing should be sent by e-mail to our data protection officer at datensschutzbeauftragter@3e-zentrum.de or by letter to the address stated under 1.

For further information, please refer to the full text of the DS-GVO, which is available on the Internet at <https://dsgvo-gesetz.de>, and to our data protection declaration, which can be found on the Internet at <https://www.3e-zentrum.de/krebstherapie/datenschutz/>.

You also have the opportunity to complain to the responsible supervisory authority about data protection issues.

The State Commissioner for Data Protection and Freedom of Information Baden-Württemberg
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70025 Stuttgart
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Web: <http://www.baden-wuerttemberg.datenschutz.de>