I. General Information about our Holistic Therapy

Welcome to our clinic! We are very pleased that you have chosen biological medicine as your method of treatment and we thank you for placing your confidence in us.

As an introduction to your treatment, we would first like to inform you about the most important aspects of our holistic therapy concept.

When complications arise during a course of holistic therapy, the reason may be perceived to be the absence of conventional medical treatment and, from a conventional medicine point of view, the holistic therapy may be judged unsuitable. For this reason, after your doctor has explained the treatment to you, you must make a conscious decision whether or not to undergo our therapy, whereby you assume the responsibility for your decision. By no means will we advise you against continuing conventional medical treatment if you consider this to be appropriate or necessary. In fact, many patients find our treatment beneficial as adjunctive therapy to more conventional treatment plans. Before booking your first appointment with one of our doctors please sign this document and return it to us, together with the completed questionnaire.

If you have any questions, please do not hesitate to contact our staff. During your first consultation we allow sufficient time to explain the different stages of treatment in detail.

1. Biological medicine

Holistic medicine (also known as physiological regulating medicine and Biological Medicine) treats the whole person. The patient’s symptoms are always considered to be the outward expression of an underlying dysfunction that can be remedied by stimulating the body’s own regulatory forces. We search for the root causes of the patient’s disease in order to give the body a chance to heal itself. This is why we give top priority to improving the patient’s general metabolism, together with detoxification, purification and the latest methods of immune-stimulation, as well as other stimulating therapies.

Paracelsus’s biological medicine aims at strengthening the whole, so that diseases and susceptibility to disease can be combated by the patient’s own immune system and healing process. For this reason, our doctors utilize ‘suppressive’ medicines only during times of emergency, and not for chronic care management, because this type of medicine is most effective in acute situations. We are also slower to recommend certain operations, preferring first to apply our holistic therapy concept.

As our patient, you are making a commitment to your health. With your cooperation and the Paracelsus staff’s input of experience and know-how, susceptibilities can be detected and the course of the disease reversed. It is important to note that all of our doctors have conventional medical degrees and specialized training in Biological Medicine, and in certain cases, conventional and holistic treatments will be integrated.
2. **Dental treatment according to holistic principles**

Our aim is to offer you a dental cleansing treatment that is well tolerated. For this reason, our dentists avoid using chemical remedies such as antibiotics, cortisone, etc. We mainly employ homeopathic medicines to alleviate pain and swelling.

Through their roots, teeth are linked to various meridians (the pathways through which the body’s energy flows), and dental disturbances may profoundly affect the whole organism. In addition, some of the materials used in dental fillings can be toxic and thus provoke a number of problems.

Our dentists place great value in these connections, and thus avoid using toxic (poisonous) substances during your dental care. In particular, they do not use amalgam. The Paracelsus Clinic Lustmühle is the only dental center in Switzerland where amalgam and other toxic dental materials are gently removed according to the latest methods, concurrently with the detoxification of the body.

Based on our many years of experience, we do not offer root canal therapy. Dead teeth are not well tolerated by the body and may even cause damage to health. For this reason, our dentists usually recommend the removal of all dead teeth and those that have undergone root-canalling.

3. **Insurance**

Our doctors are recognized by all Swiss health insurance companies, but not international insurance companies; foreign patients’ consultations at our clinic will likely not be reimbursed. However, you may want to explore services that assist in obtaining reimbursements from your insurance company. You are responsible for all costs at the time of treatment.

4. **Informed Consent / Patient Declaration**

I hereby consent to an integrative, biological medical assessment and treatment. This means that the treatment may go beyond conventional allopathic therapy. Treatments may utilize such substances as herbs, homeopathic remedies, vitamins, minerals, and various other therapeutic modalities, which will be determined by the physicians of Paracelsus Clinic. Medication, including allopathic drugs, non-allopathic drugs, supplements and other treatments approved in Switzerland may be adapted to treat specific needs for uses other than the intended label indications. Assessment findings and treatment plans will be discussed in full before implementation.

I am responsible for the decision to seek a therapeutic program that includes the physical, psychological, environmental, and spiritual aspects of my illness.

I recognize the possibility that this treatment may not prove successful.

I am fully informed that this approach to healing differs from, and may not be recognized by, traditional medical standards. I also understand that many of the therapies used at Paracelsus Clinic may not be acceptable to doctors practicing traditional medicine.

As a further inducement to the Paracelsus Clinic to provide treatment for me, I hereby waive any claims and demands that I might now or hereafter have against the Paracelsus Clinic, its affiliates, business partners and
licensees, and their owners, employees, agents or the Marion Institute and their owners that may arise, or be deemed to arise, from treatment at the Paracelsus Clinic, its affiliates, business partners and licensees, and their owners, employees, agents and all liability of whatsoever kind or nature arising out of or in any way relating to the treatment I receive at the Paracelsus Clinic.

My medical files are strictly confidential. They are intended to be read only by myself and the clinical staff, based on my right to privacy. These files will not be transmitted to anyone else without written permission. Regardless of the jurisdiction in which this Patient Declaration is signed by me, it shall be deemed to have been signed by me in Switzerland. Any dispute arising from, out of or as a consequence of this Patient Declaration or the treatment given by the Paracelsus Clinic shall be subject to the laws of Switzerland and this Patient Declaration shall be interpreted and construed in accordance with the laws of that jurisdiction. I hereby submit to jurisdiction of the courts, in CH-9053 Teufen AR, City of Teufen, Switzerland, for resolution of any dispute arising out of or relating to this Patient Declaration and the treatment performed by the Paracelsus Clinic.

This Patient Declaration was given to me, read by me and signed by me before any payment of fees were made by me for this treatment.

5. Confirmation of agreement
I have read the description of the most important aspects of your holistic therapy concept and have taken note of its content. I wish to receive treatment according to the principles of biological medicine as described above and kindly request for you to arrange a preliminary consultation during the next 10 working days.

Surname ___________________________ First name ___________________________
Date of birth ___________________________
Place / date ___________________________ Signature ___________________________

With your signature, we can guarantee you your appointments.
Please return the signed document to the front desk of the medical department before your first appointment.
II. Comprehensive Medical Questionnaire

Please fill out the following information completely. Your answers on this questionnaire are important for the planning of our therapies. Please take your time and answer as accurately as possible. If there is not enough space for your entries, please add a separate page.

**Last name**

**First Name**

**Date of birth (day/month/year)**

Sex

- [ ] M.
- [ ] F.

**Address**

City/Country/Zip code

**Home Phone**

**Mobile**

**Work Phone**

**Work Fax**

**Home Fax**

e-mail __________________________

Contact preference

- [ ] e-mail
- [ ] phone

If phone, best time to call: ________

- [ ] married
- [ ] single

**Occupation**

**Children** (Number, Sex, Age)

**Do you have a dental panorama x-ray (OPT)?**

- [ ] Yes
- [ ] No

**Emergency contact person**

(name, address, phone, e-mail)
1. What is your main health issue?

2. Do you have any other symptoms or illnesses?

3. Please list any previous illnesses, operations or accidents chronologically:

4. Does your family have a history of any illnesses? If so, please explain

5. What loads are imposed on you by your social environment (psychological stress etc.)? Are you exposed to electromagnetic or other domestic loads? If so, which ones?
6. What conventional medications are you currently taking? (chemical)

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<tr>
<th>Height in cm/in</th>
<th>Weight in kg/lbs</th>
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<td>Please underline applicable unit of measurement</td>
<td>Please underline applicable unit of measurement</td>
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Please select the appropriate answer and make comments where necessary.

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<th></th>
<th>normal</th>
<th>too little</th>
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<th>Comments</th>
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<tbody>
<tr>
<td>1. Appetite / thirst</td>
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<td>2. Digestion / bowel movement</td>
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<td>3. Exercise</td>
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<td>4. Sleep disturbances</td>
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<td>5. Dental problems</td>
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<td>6. Do you have amalgam fillings?</td>
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<td>7. Do you have root canals?</td>
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<td>8. Heart problems / Heart illnesses</td>
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<td>9. Breathing problems, Asthma</td>
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<td>10. Unrest, concentration problems, tiredness</td>
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<td>11. Problems of the bladder or genital area</td>
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<td>12. Vomiting, nausea, flatulence</td>
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<td>13. Back problems, joint problems</td>
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<td>14. Do you have difficulty in climbing stairs?</td>
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<td>15. Do you need a wheel chair?</td>
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<td>16. Allergies</td>
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<td>17. Emotional Problems</td>
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<td>18. Do you have a Diet?</td>
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<td>19. Do you smoke? If so, how often?</td>
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<td>20. Do you drink alcohol? If so, how often?</td>
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* If yes, which ones? (List under comments.)
21. **Body-Mind-Medicine**

We always treat the whole person. That’s why we have integrated our own Biological-Energetic Department (BED). In order to achieve optimal therapy results, it can be of great importance to deal also with the emotional/mental/energetic factors.

Would you like to do that?  ○ Yes  ○ No

If yes, you have here the opportunity to give more information:

22. **What doctors (eg. Primary care, oncologist, radiologist, etc.) do you currently see? Provide names and location.**

23. **How did you hear about the Paracelsus Clinic Lustmühle?**

Once you complete and sign the Comprehensive Medical Questionnaire, please e-mail, fax or mail the completed Comprehensive Medical Questionnaire to:

Paracelsus Klinik Lustmühle AG
P.O. Box 162
CH-9053 Teufen AR
Switzerland

Fax +41 71 335 71 00
E-Mail patientinfo@paracelsus.ch
Once your questionnaire has been received, a representative from the Paracelsus Information Center will contact you within 10 business days.

Many thanks and best wishes,

The Team of the Paracelsus Clinic Lustmühle