

Date.....

Dear Mr./Mrs.

you expressed interest in treatment of the spinal column. Which treatment are you particularly interested in? (Place an 'x' in front of the treatment(s) that apply)

- Minimal Invasive Epidural Catheter Technique – the Racz Method
- Selective Percutaneous Thermocoagulation
- Non-Invasive Percutaneous Laser Therapy
- Other method:
- don't know

After receiving your most recent medical reports, I will be able to evaluate and propose a plan for treatment. For this purpose I need the following information:

1. What are your problems concerning the spine and when did they start (in a few short sentences)

.....
.....
.....

2. Do you suffer from further health problems that need medical treatment (e.g. heart problems that require medical care?)

.....
.....
.....

3. Do you regularly take medication for pain? Which?

.....

Do you take regularly any other medication (e.g. medication for heart or thyroid problems or medication for hemodilution?) Which?

.....
.....

please turn round

