Helixor®
Mistletoe Therapy for tumor patients

Anamnestic form

Do you want a therapeutic recommendation for your patient?
Please send us this form!

Your name and address (with fax number, please type or write in block letters)	Helixor Heilmittel GmbH & Co. KG Fischermühle 1 72348 Rosenfeld Germany **Medical advice** **Fax:** **+49 7428 935-709** **E-Mail:** **advice@helixor.de** **Internet:** **www.helixor.de**

Patient's data*:

Initials: ______ | ______ (Surname / first name)   Date of birth: ______________   Sex: ☐ female ☐ male

Tumor diagnosis: ______________________________

Stage of tumor (e. g. TNM): ______________________________

Tumor currently detectable? (e.g. relapse, metastases)   ☐ no   yes: ☐ where? ______________________

Therapies:

Surgery	☐ no	yes: ☐ when? ______		
Chemotherapy	☐ no	yes: ☐ completed	☐ non-completed	☐ planned
Radiotherapy	☐ no	yes: ☐ completed	☐ non-completed	☐ planned
Hormonal agents	☐ no	yes: ☐ completed	☐ non-completed	☐ planned
Targeted therapy/ Monoclonal antibody therapy Immunotherapy	☐ no	yes: ☐ completed	☐ non-completed	☐ planned
		which one? ______		

Allergy/Atopy: ☐ no   yes: ☐ which one? ______________________

Autoimmune diseases: ☐ no   yes: ☐ which one? ______________________

Concomitant diseases: (e.g. inflammatory diseases, fever)   ☐ no   yes: ☐ which one? ______________________

Mistletoe therapy: ☐ no   yes: ☐ sort, concentration? ______________________

Patient's general condition: ☐ good   ☐ tolerable   ☐ very bad, weak

Weight: ☐ slim   ☐ normal   ☐ adipose

Extra queries:

*Note: We record these data according to the guidelines of the German Federal Law for Data Protection. Therefore, we ask you to convey only pseudonymous data (initials from patient's surname/first name, date of birth and sex). The information is treated confidentially and used only for purposes of the Therapy Advisory Service.

20120926_Anamnesebogen_engl_dLLg.indd