

Root Causes Anamnestic Form

Patient's data:
Initials:
surname first name
Date of birth:
Sex: female male
Tumor diagnosis:
Stage of tumor (e.g. TNM):
Patient currently tumor-free? yes if no: primary tumor metastases relapse
Therapies:
Surgery noyeswhen?planned
Chemotherapy no if yes: completed non-completed planned
Radiotherapy no if yes: completed non-completed planned
Hormone therapy no if yes: completed non-completed planned
Targeted therapy/Immunotherapy
no if yes: completed non-completed planned
which one?
Allergy/Atopy: no yes which one?
Autoimmune diseases: no yes which one?
acute? yes no immunosuppressive therapy? yes no
Concomitant diseases:
(e.g. inflammatory diseases, fever) no yes which one?



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slim ____ normal ____ athletic ____

Which summary resonates most with you?

_____1. I am stubborn and reclusive with a strong sense of responsibility. I frequently feel cold and have difficulty getting warm.

_____2. I am athletic and exercise. I and calm and center. I am shorter than average. I frequently feel under appreciated, unattractive or unloved. I have strong sense of guilt or shame. I am a perfectionist, and sometimes compulsive.

____3. I have a compromised immune system and have recurrent infections. I suffer from guilt, self loathing and have harmed myself. I feel inadequate. I have intense thoughts and passions that I keep to myself.

_____ 4. I am very capable of accomplishing things. I can do it all. I multitask and accomplish a lot, but I am unsure of my ultimate destination in life.

Specific questions: