Health Form

Mitzpe Alummot is not a medical facility, and does not have a medical staff. Each participant in the program is responsible for his/her own medical condition or needs. Our program educates for healthy nutrition and life style. It is important to understand that a cleansing process of the body may cause different side effects. We would therefore, kindly request you to fill out this health form. The information given is confidential.

Date_____

Personal Details

First Name_____ Last Name _____

Address_____

Phone:_____ Cellular phone_____

e-mail address_____

Date of Birth_____ I.D. number_____

Gender: m / f Marital Status s / m / d Children _____

Name of your Healthcare Insurance _____ Branch _____

General Questions:

1. Weight _____ 2. Height_____

3. Have you ever suffered from any of the following conditions:

Cancer, diabetes, high/low blood pressure, arthritis, epilepsy, hypo/hyper thyroid, osteoporosis, liver disease, digestive problems, pulmonary problems, vascular problems, psychiatric problems.

Details of the condition:_____

_____

_____

_____

Do you suffer from any other medical conditions? Yes/no

Please specify:

_____

_____

_____

6. Have you had a transplant operation, or have you been advised to have an operation?
Yes/no.
Please specify:_____

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7. Have you been hospitalized in the last five years? Yes/no
Please specify: _____

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8. Do you take medication, vitamins, and minerals to treat your condition? Yes/no
Please specify:_____

_____

9. Do you take psychiatric medication? Yes/no
Please specify: _____

_____

_____

10. Do you have allergies (medicines, chemicals, food)? Yes? no
Please specify: _____

_____

_____

11. Are you pregnant? Yes/no If yes, what week?

12. Do you smoke? Yes/ no

13. Have you ever had an alternative medicine treatment? Yes/ no

If yes, for what problem?_____

When did you last have a treatment?_____

In what method of treatment?_____

14. Have you ever been treated with a Colon Hydrotherapy? Yes / no

15. Do you know of a medical condition that you haven't been asked about specifically, which is important that we know about ?
Please specify: _____

_____

_____

16. Please check √ if you suffer from any of the following:

- □ fatigue
- □ weakness
- □ dizziness
- □ chronic headaches
- □ phlegm
- □ arrhythmia
- □ irregular heart beat
- □ hemorrhoids
- □ sickness and vomiting
- □ heartburn
- □ constipation
- □ diarrhea
- □ open wounds which do not heal
- □ rash

Declaration:

I confirm that I am aware that my stay at Mitzpe Alummot is not a substitute for a medical, medicinal of psychological treatment. Mitzpe Alummot does not recommend stopping any medical procedure and/or medicinal treatment without a written permission. Cessation of a medical treatment prematurely will be the responsibility of the participant alone.

I hereby confirm that my answers to all of these questions are full and correct and I haven't withheld any information.

_____
Date and signature of guest

Addendum to Health Form

Do you have any special dietary needs? Please specify them:

_____

_____

_____

_____

_____

_____

First Name _____ Last Name_____

Please return this form to Fax number 04-6709790 or to mitzpe@alummot.co.il
up to a week from the day of your workshop.