

**PATIENT QUESTIONNAIRE**

Name and surname:

Birth Date:

Country and city:

Your Weight (kg):

Your Height (cm):

**Describe your health complaints. Specify as fully as possible, using a simple lexicon, if you do not have a medical education:**

**What diagnosis did the doctors give you? Have you gone through any examinations?**

**Tell us about the course of treatment, including medications.**

**If there was no treatment, skip this question.**

**Do you have hereditary diseases?**

**Are you allergic to any medication?**

**When are you planning to have treatment?**

**Describe the issues that concern you: :**

Enter your E-mail:

mobile phone:

**The date:**

**Telephone for information** +7-777-340-74-84 (Almaty)

 +7-771-555-88-29 (Astana)

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