

## **Family Holistic Health**

### **Anamnestic Screening for new cancer/mistletoe patients**

Name:

Age:

Gender:

General state of health now (circle one): poor fair good very good excellent

Tumor type (where did the cancer start?) For example, breast, prostate, skin, etc:

Tumor stage (if known):

Previous treatment, and current treatment (include chemo, radiation, surgery, targeted therapies, hormone blockade, checkpoint inhibitors, etc. Do NOT include here diet, supplements or other natural therapies):

What was your response to the above treatments? (include benefits and side effects)

Are you using any natural or alternative treatments now? Give details. Include if you're following a specific diet. Include a list of all supplements (attach separate list if needed).

Do you have any history of the following (circle all that apply):

- Allergies
  - If yes, to allergies to what?
  
- Asthma
  - If yes, what triggers it?
  
- Eczema
  - If yes, at what age?
  
- Autoimmune disease
  - If yes, which one, and when?

Do you have any other currently active diseases? If so, what are your other current diagnoses?

Have you ever used any mistletoe products?

If so, what type and dose?

What was the response?