



HOW TO USE THIS FORM

Follow the steps below so your answers are saved correctly and can be read in full.

IMPORTANT: Do not complete the form in the preview in ChatGPT, Safari, WhatsApp or email. Download the PDF first and open it in the free Adobe Acrobat Reader on a computer.

STEP BY STEP

- 1** Download
Tap the download or share icon and choose Save to Files or Download. Then open the file in Adobe Acrobat Reader.
- 2** Save a working copy
Choose Save a copy or File > Save As before you begin. Name it, for example, VISDOS-Health-FirstName-L-EN.pdf
- 3** Enter your answers
Click a white field and type. Long fields scroll automatically and have no intentional character limit. Write 'do not know' when information is unavailable.
- 4** Choose scales and options
Open the list for each 0–10 question and choose a value. Select a pain perspective and tick the consent box on the final page.
- 5** Save regularly
On iPhone/iPad: choose Share > Save a copy or Save to Files. On Mac/PC: choose File > Save or Save As.
- 6** Check the file
Close the saved copy, reopen it and confirm that both the first and last answers remain. Do not close the original view until this is done.
- 7** Protect personal information
Do not enter a national identification number. Remove identification numbers and unnecessary details from test results, reports and attachments.
- 8** Email the completed form
Email the saved and checked PDF to form@vissanandi.com. Subject: VISDOS HEALTH – [name/code] – form. Do not include health information or identification numbers in the email body.

IF TEXT APPEARS CUT OFF

Open the saved PDF in Adobe Acrobat Reader and click the field. A field can contain more text than is visible at once. Save and reopen the copy to confirm the content.



PERSONAL HEALTH OVERVIEW FORM

This form is used to prepare a clear Visdos Health overview. It does not replace medical assessment, diagnosis or treatment. Write 'do not know' when information is unavailable.

Do not enter a national identification number. Attached test results must be de-identified.
Email the saved PDF to form@vissanandi.com
Follow the instructions on page 1 and do not include health information or identification numbers in the email body.

ABOUT THE PERSON AND THE GOAL

Name / code

Date

Age or year of birth

1. What would you most like help understanding?

2. What symptoms or concerns do you have now?

3. When did they begin, and how have they changed?



BACKGROUND AND TREATMENT

4. Do you have diagnoses, previous illnesses, operations or allergies?

If you have or have had cancer: state type, year, treatment, most recent check-up and planned follow-up.

5. What medicines do you use? State name, dose and frequency.

6. What supplements do you use? State product, strength, dose, frequency, duration and reason.



SLEEP, ENERGY, PAIN AND STRESS

Health, sleep, energy and wellbeing: 0 = very poor, 10 = close to optimal and almost unattainable. Pain and stress: 0 = none, 10 = worst imaginable.

7. How is your sleep? State hours, awakenings and sleep quality.

Sleep quality 0–10

-

8. How are your energy and stamina during the day? Describe any variation.

Energy and stamina 0–10

-

9a. Do you have pain? State where. when. what it feels like and what affects it.

Pain intensity 0–10

-

Exact location, duration, rest/night pain, progression and any numbness or weakness



HEADACHE, STRESS AND WELLBEING

9b. Do you have headaches? State frequency, location, duration, intensity 0–10, any change in pattern, nausea, visual symptoms, light/sound sensitivity, numbness, weakness or speech difficulty.

10. How are your stress and psychological wellbeing?

Psychological wellbeing 0–10

-

Stress level 0–10 (0 = none)

-

What helps you recover?



LIFESTYLE AND MEASUREMENTS

11. What are your eating and drinking habits?

12. How much exercise and daily movement do you get?

13. Do you use nicotine or alcohol? State amount and frequency.

14. Enter current measurements if available.

Blood pressure mmHg

Pulse/min

Height cm

Weight kg



TESTS, FAMILY HISTORY AND CHANGES

15. Are blood tests, medical reports or other examinations available? State dates and preferably attach de-identified copies.

16. Are there hereditary diseases or significant health conditions in the family?

17. What already works well for your health?

18. What has changed recently?



GOALS, PERSPECTIVE AND CONSENT

19. What would you most like to improve?

20. How would you rate your overall health now? Please explain.

Overall health 0–10

Preferred perspective on pain

- ☐ Medical and educational
- ☐ Spiritual and symbolic
- ☐ Both perspectives, clearly separated
- ☐ Not applicable

Other information

Attachments

☐

I confirm that the information may be used to prepare my personal Visdos Health health overview and that I have read the information about purpose and

Date

Name / code

WHEN THE FORM IS COMPLETE

1. Save the PDF and reopen it for checking.

2. Name it: VISDOS-Health-FirstName-L-EN.pdf

3. Email it to: form@vissanandi.com

Subject: VISDOS HEALTH – [name/code] – form

Do not include health information or identification numbers in the email body. Follow the agreed secure procedure for attachments.