

Please contact me...

In order to assess your situation, we require some information. Please complete this questionnaire and fax it to us at +49 211 86688 18 or send it via email as a pdf attachment.

1. Surname, Name:
2. E-mail address:
3. Telephone #:
4. Mailing address:
5. In which areas have you been experiencing pain / symptoms?
6. For how long have you been experiencing this pain?
7. If you have consulted a doctor previously, what diagnosis have you been given?
8. Has surgery ever been recommended? Did you have surgery?
9. Have you had an MRI or CAT scan in connection with this problem? If so, when?
11. Comments:

CENTER FOR INTEGRATED PAIN MANAGEMENT

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Quality Management ISO 9001:2000