

HEREDITARY CANCER RISK ASSESSMENT

The questionnaire on hereditary cancer risk assessment allows us to estimate whether your individual risk of developing a malignant tumour is higher than that of the general population. The goal of the questionnaire is therefore to determine whether you are subject to such hereditary indicators that increase the likelihood of cancer. If the questionnaire reveals that you may be at a higher risk compared with the general population, we recommend a consultation with our gene specialist to elaborate potential risk and schedule further testing. If the questionnaire reveals that you are not significantly more likely to develop cancer than the general population, our pre-made gene-testing packages will be sufficient to assess individual risk of breast, prostate or colorectal cancer or melanoma. These tests do not assess genetic changes with a high risk of disease related to a hereditary predisposition, but they do allow us to assess individual gene combinations which have been linked with a somewhat (lightly to moderately) increased probability of developing tumours. No absolute or accurate assessments on cancer development risk can be given in terms of numbers based on these gene tests.

Has there been cancer in your family?

YES NO

How many relatives in your family have been diagnosed with cancer?

1 2 3 or more

Has anyone from your immediate relatives (mother, father, sister, brother, child) been diagnosed with cancer?

YES NO

Have there been cancer diagnoses at a relatively young age (<60 years)?

YES NO

AESTHETIC MEDICINE AND LASER THERAPY

Do you have unsightly wrinkles, pigmentation or broken capillaries?

YES NO

Do you have unsightly scars or stretch marks?

YES NO

Would you like to remove tattoos or permanent makeup?

YES NO

Are you happy with your skin quality and tone?

YES NO

Do you have unsightly varicose veins (or broken capillaries on your legs)?

YES NO

Are you bothered by dry eyes?

YES NO

Do you experience vaginal dryness? (Women)

YES NO

CARDIOVASCULAR DISEASE, DIABETES

NAME:

AGE IN YEARS:

PERSONAL IDENTIFICATION CODE:

Does your day include at least 30 minutes of physical activity (fast-paced walking, cleaning, etc.)?

YES NO

Do you eat a total of at least 500 grams of fruits, vegetables and berries every day?

YES NO

Have you ever taken medicinal products for blood pressure on a regular basis?

YES NO

Have you ever been diagnosed with high blood sugar (e.g. during medical examinations or pregnancy)?

YES NO

Have any of your close family members (parents, siblings, children) been diagnosed with diabetes?

YES NO

Have any of your other relatives (grandparents, aunts, uncles, cousins) been diagnosed with diabetes?

YES NO

Have any of your close family members (parents, siblings) experienced a heart attack or a condition preceding a heart attack at a young age (men <55 years, women <65 years)?

YES NO

Do you smoke?

YES NO