



Your **THEKNOWHOW**, Patient Questionnaire

Patient First Name *:

الاسم الأول للمريض:

Patient Last Name *:

الاسم الأخير للمريض:

Legal guardian's First Name (if relevant):

الاسم الأول لولي الأمر القانوني (إذا كان ذلك مناسباً):

Legal guardian's Last Name: (if relevant):

اسم عائلة الوصي القانوني: (إذا كانت ذات صلة):

Patient's E-mail*:

جنس المريض:

Patient's Phone Number*:

رقم هاتف المريض:

Patient's Health Insurance

تأمين صحي للمريض:

Patient's Gender

جنس المريض:

Male

Female

Diverse



Patient's Date of birth*:

تاريخ ميلاد المريض:

Patient's Adresse:

عنوان المريض:





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Your Submission Check List – Please Mark, which Documents You Are Uploading:

قائمة التحقق من الإرسال الخاص
بك - يرجى تحديد الوثائق التي
تقوم بتحميلها:



Doctor's letter with the current diagnosis and
the suggested treatment plan (obligatory)



Lab results from blood, other body liquids,
etc. (if relevant)



Pathology results (if relevant)



Imaging files like X-ray, CT, MRI, etc.

Your Questions : Please choose **MAXIMUM**
OF 7 most relevant questions.

أسئلتك: يرجى اختيار **7** أسئلة كحد
أقصى الأكثر صلة.

1. Do you agree with my current doctor 's diagnosis or could there be a different explanation for my condition? Are there any further diagnostic tests or procedures you would recommend clarifying my diagnosis?

2. Is my current treatment sufficient or are there other treatment options available for my condition? If so, what are the advantages, potential side effects, complications or other risks of the current treatment plan compared to other treatment option(s)? Are there any experimental or cutting-edge treatments that I should consider ?

3. How long is the suggested treatment meant to take? Or is it lifelong?

4. How long is the recovery period for each treatment option ?





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5. Are there lifestyle changes or self-management options you would recommend

6. What are the expected prospects or long-term prognosis of my disease? Will the treatment options eliminate symptoms completely or will some symptoms remain? Is there a cure for my condition?

7. What happens if I wait or don't receive the treatment(s) ?

8. Can you provide any references or research articles that support your opinion or treatment plan?

9. What is your medical background and expertise in this area ?

10. Can you provide me with a cost estimation for each treatment option? Are there countries or entities that charge less for the same treatment ?

11. Is it beneficial to receive treatment in a specialized center abroad, or is it also possible to receive treatment within my country ?

12. Do you have information about experts in the relevant field locally or abroad ?

Any other questions? **Please be aware**, that multiple additional questions may prolong the working process and add additional costs.





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Standard second medical opinion

[see Price](#)



Urgent second medical opinion

[see Price](#)



Intensive Care Review (processing time depends on complexity)

[see Price](#)



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