

## general informations

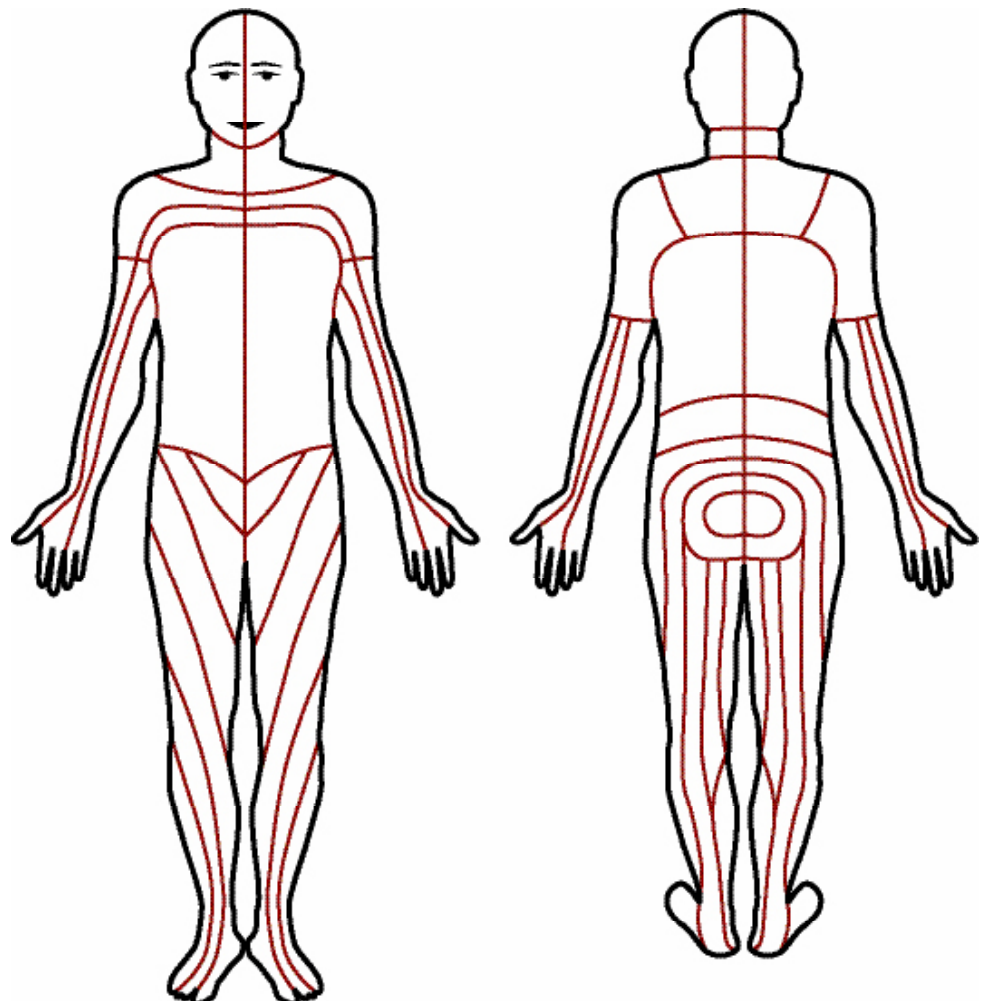
first name	surname
date of birth	
adress	city
country	

## contact informations

phone	fax
mobile	e-mail

## your pain areas

Where in your body is the pain located?



Your health complaints

Since when have you had the current complaints

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- I have back pain  left  right  no
- I have leg pain  left  right  no
- I have pain in my fundament  left  right  no
- I have more  leg pain  back pain  equal

When I sneeze or cough

the pain increases  no  little  yes

When I lie I have pain  no  little  yes

When I walk I have pain  no  little  yes

When I sit I have pain  no  little  yes

When I stand I have pain  no  little  yes

What hurts most  sitting  standing  going  lying

Was there a cause for your back/leg problems (e.g. accident, heavy lifting)

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Is there a loss of strength in your leg  yes  no

Is there a loss of sensation in your leg  yes  no

Have you operated on your back  yes  no

If so, what kind of operation was that and when did it take place

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What kind(s) of treatment have you had so far and what was the result

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### Your health complaints

Did you do any sports before the complaints arose

 yes no

If so, what kind of sport

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What is the result/conclusion of the last MRI, MRT or CT

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Please add further informations and results!