

## general informations

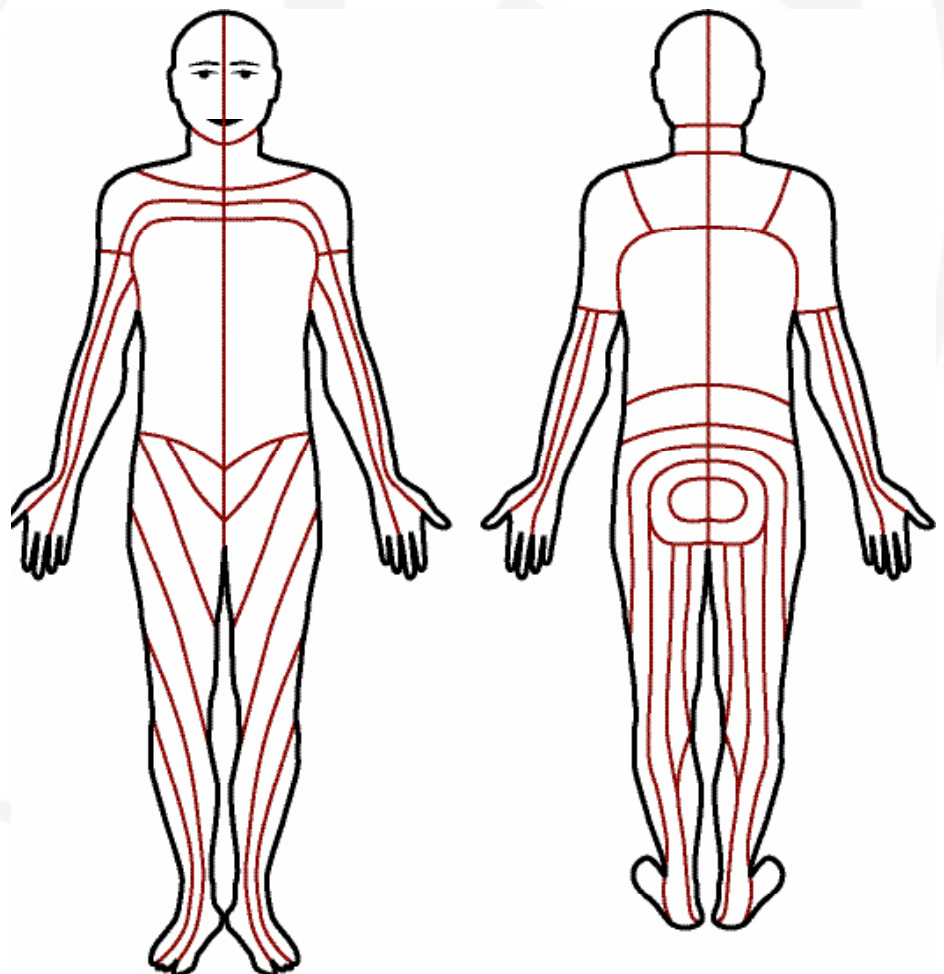
first name	surname
date of birth	
adress	city
country	

## contact informations

phone	fax
mobile	e-mail

## your pain areas

Where in your body is the pain located?



Your health complaints

I have the current complaints since \_\_\_\_\_

What aggravates the pain \_\_\_\_\_

\_\_\_\_\_

What reduces the pain \_\_\_\_\_

\_\_\_\_\_

The pain goes into my  sholder  arm  finger

The pain in my arm  left  right  no

Are you having pain at night  often  little  no

Does the pain increase when you turn your head  left  right

The pain increases when  I bend forward  I bend backward

Have you got headaches  often  sometimes  no

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Results of the last MRI or CT scan \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please add further informations and results!