

general informations

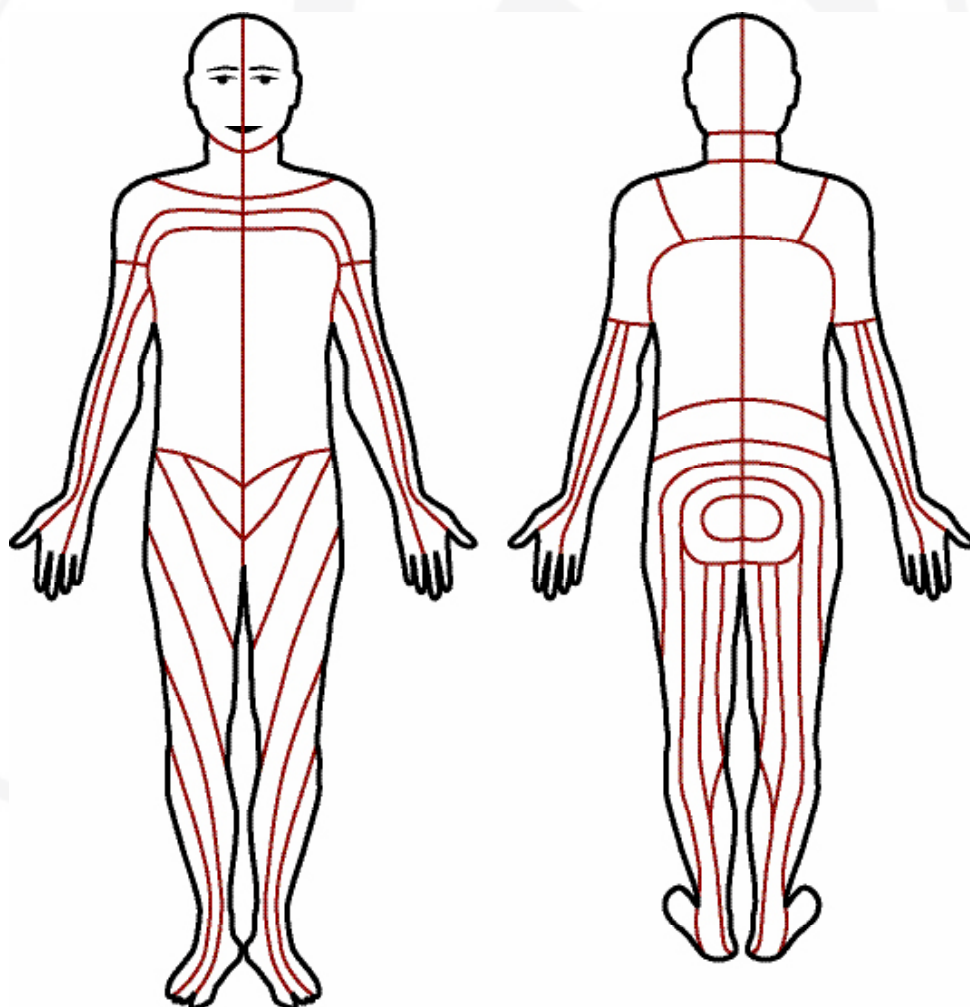
first name	surname
date of birth	
adress	city
country	

contact informations

phone	fax
mobile	e-mail

your pain areas

Where in your body is the pain located?



Your health complaints

Since when hve you had the current complaints

- I have back pain yes no
- I have leg pain left right no
- I have pain in my fundament ileft right no
- 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 habe 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)

- Is there a loss of strength in your leg yes no
- s 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

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

Your health complaints

Did you do any sports before the complaints arose

yes

no

If so, what kind of sport

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

