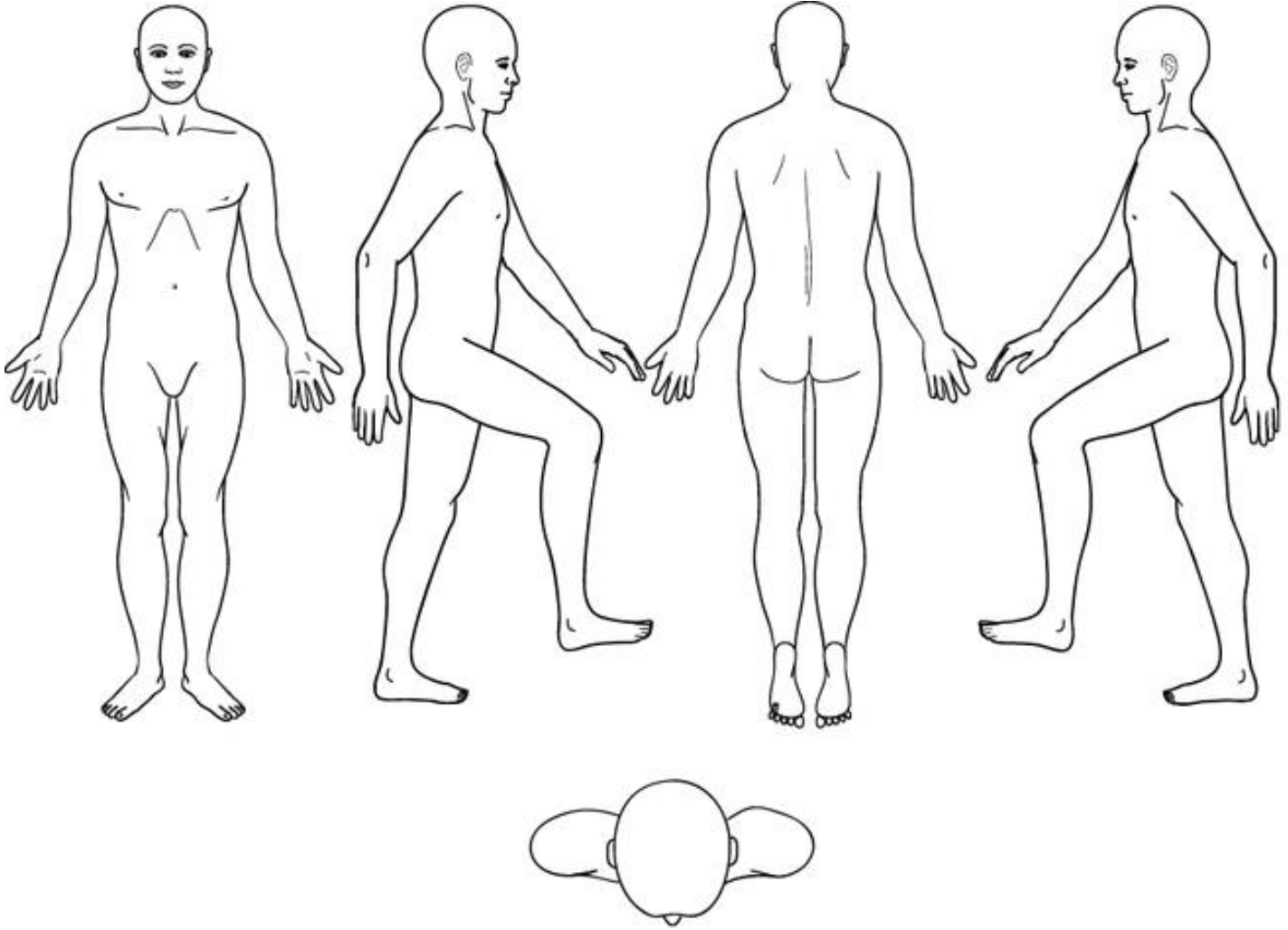


# Anamnesis

Name:

Date:



Type pain:

VAS pain: / \

VAS nutrition:

VAS tired:

VAS sleep:

VAS stress:

VAS movement:

Provocation:

Pain reduction:

Most limited activity:

Aims:

Sport:

Smoking:

Scars / old trauma:

Bleeding disease / organ pathology / bowels / pregnancy / medication / anticoagulants