

# Anamnesis questionnaire adult

Please fill out and bring to the appointment

Last name, First name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Operations, when: \_\_\_\_\_

Underlying diseases: \_\_\_\_\_

Accidents, injuries: \_\_\_\_\_

Medication: \_\_\_\_\_

Sport activities - what and how often: \_\_\_\_\_

Previous Therapies: \_\_\_\_\_

Describe in detail your complaints, since when (also possible to draw on the body sketch overleaf):

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Tick, if applicable, what improves or worsens your symptoms:

	better	worse		better	worse
cold			sitting		
movement			walking		
rest /quiet			noise		
Laying down			after awakening		
heat			standing		
			before falling asleep		

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

