

Date: _____ You had our coordinates by: _____ SIGNING: _____
Thank you to prepare your Vital card and possibly your Prescription.

Name: _____ First name: _____ Birth date: _____

Cut: _____ Weight: _____

Addresses: _____

Tel.: Portable: _____ Residence: _____ Office: _____

E-mail: _____

Profession: _____ Do you practice a sport? : _____ Which: Regularly? _____ With which rhythm? _____

You took an appointment for a problem: [to surround it (them) answers]

Spinal column: Cervical, Dorsal, Lumbar, Basin.

Shoulder, Elbow, Wrist, Hand.

Hip, Knee, Ankle, Foot.

Jaw.

Cephalgias, Migraines, Giddinesses.

Is this problem new, episodic or chronic?

Was its appearance, brutal, progressive, or insidious?

Do you have Radiographies, MRI, Scanner, Electromyogram, and Work up Biological Analyses? [To surround it (them) answers]

Was a medical care prescribed?

Which drugs? (to provide the ordinance)

Do you have a basic medical care? Heart, HTA, Anti Acid? Anti-allergic agents?

Do you follow a mode?

How much you drink water tea, coffee per day

Tobacco: Cigarettes/Cigars

Alcohol: Digestive wine/Beer/Aperitifs/

TURN → → → → → → → → →

Date: _____ You had our coordinates by: _____
Thank you to prepare your Vital card and possibly your Prescription. SIGNING:

Do you have FAMILY ANTECEDENTS with heart problems, Rheumatism, Neurologic, Neuralgic, Renal Digestive, and Dental?

Do you have PERSONAL ANTECEDENTS of heart problems, Rhumatologiques, Rénaux, Digestifs, and Dentals?

Did you profit from surgical operations?

Of which type and at which date?

Name of the Surgeon, place of the intervention.

Which are the functional embarrassments pulled by your actual position with the daily newspaper?

Gestures impossible to make.

Gestures difficult to make.

Which are waitings of your treatment?

Relief of the pain.

Recovery occupation.

Recovery personal activities.

Resumption of the sports activities.

Other:

TURN → → → → → → → → →