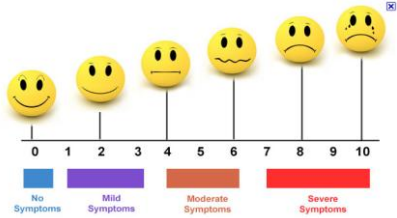
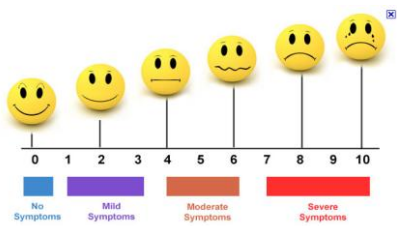


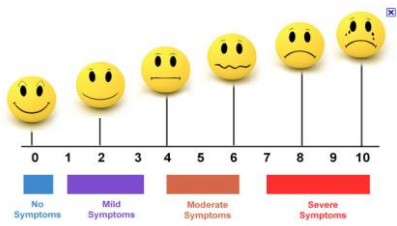
Naam: Geb. dat.: M/V e-mail:  
 Diagnose: Lokalisatie: 1<sup>ste</sup> symptoom sinds:  
 Pijnkwaliteit: zeurend/ dof/ gevoelig/ brandend/ kloppend/ scherp/ irriterend/ wisselend/ onbepaald  
 Hoe lang duurt de pijn? Freq. Toen: Nu:  
 Uitdrukking bij pijn: huilend/ klagend/ grimassend/ stil/ beweeglijk/ boos/ schreeuw/ tandenknarsend  
 Verzacht door: Verergerd door:  
 Effect op ADL/ werk/ relatie/ emotie etc.? Aanvullende info:



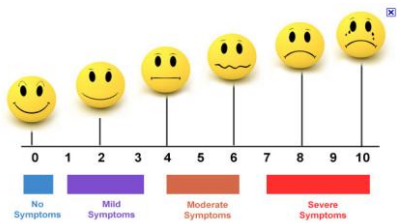
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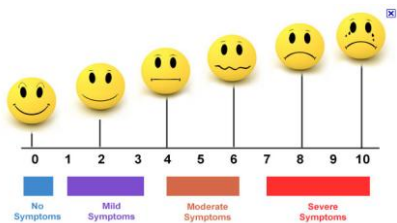
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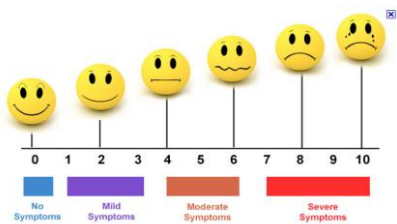
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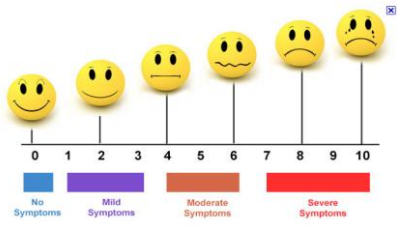
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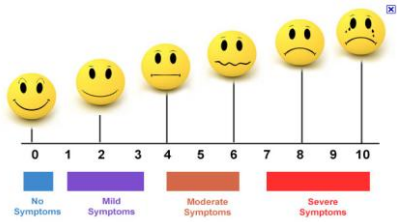
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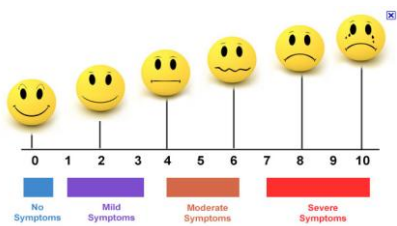
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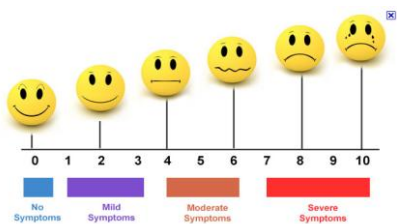
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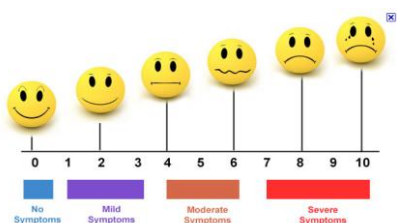
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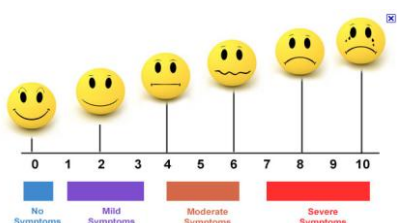
Datum:



Datum:



Datum:



Eind datum:

Eind opmerking:

Wenst u een onderhoudsbehandeling? Ja/ Misschien/ Nee                      Zo ja, wanneer?

Niet tevreden/ Weinig tevreden/ Matig tevreden/ Redelijk tevreden/ Tevreden/ Zeer tevreden

Cijfer:                      Zou u ons willen aanbevelen? Ja/ Misschien/ Nee                      Handtekening: