

Health Complaints

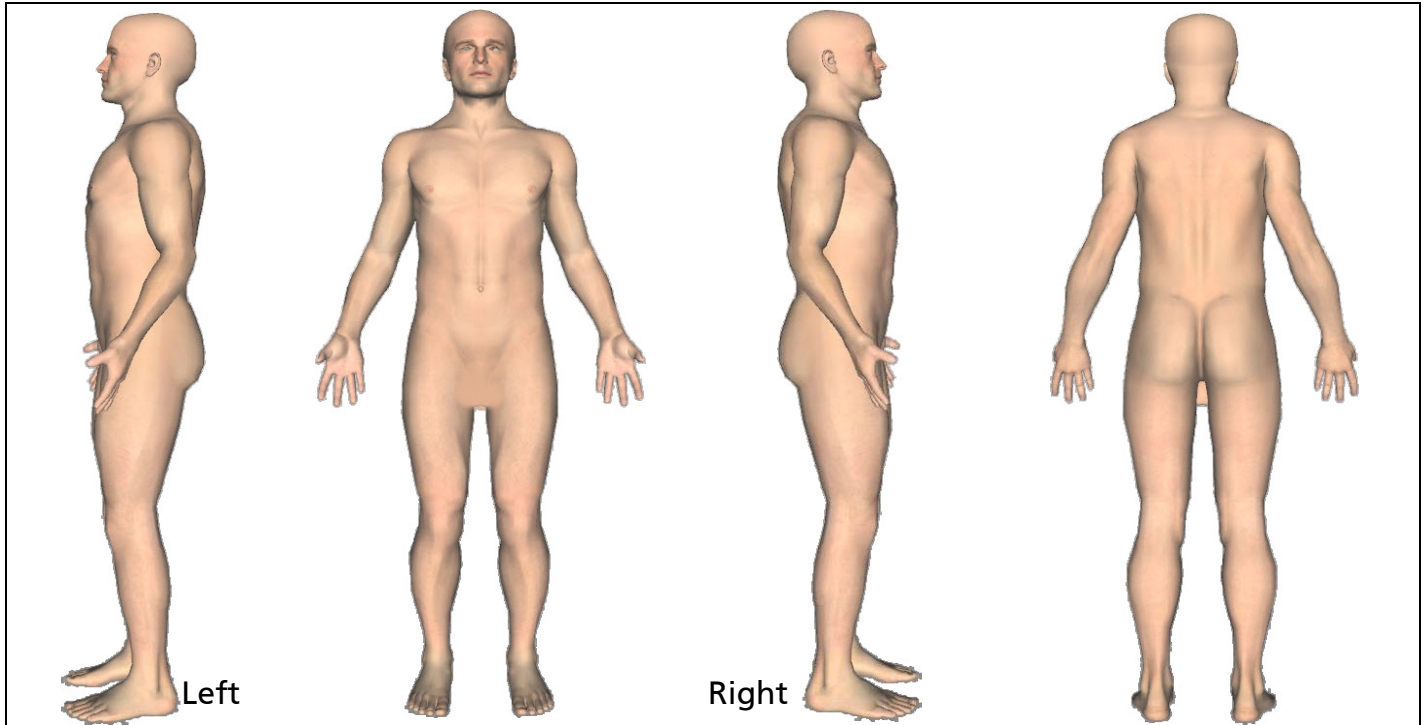
First name : _____

Last name : _____

Date of Birth : _____

Sex : Male Female

Please mark the places you feel symptoms, discomfort, pain, etc. on the human body below



Please list the symptoms, discomforts, pains in order of importance, most important first. You don't have to describe those symptoms, we will do that later.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Reserved for the doctor

- Tête
- Cou
- Dos
- Bras/Jambes

Autres ____ X