

## Health Complaints

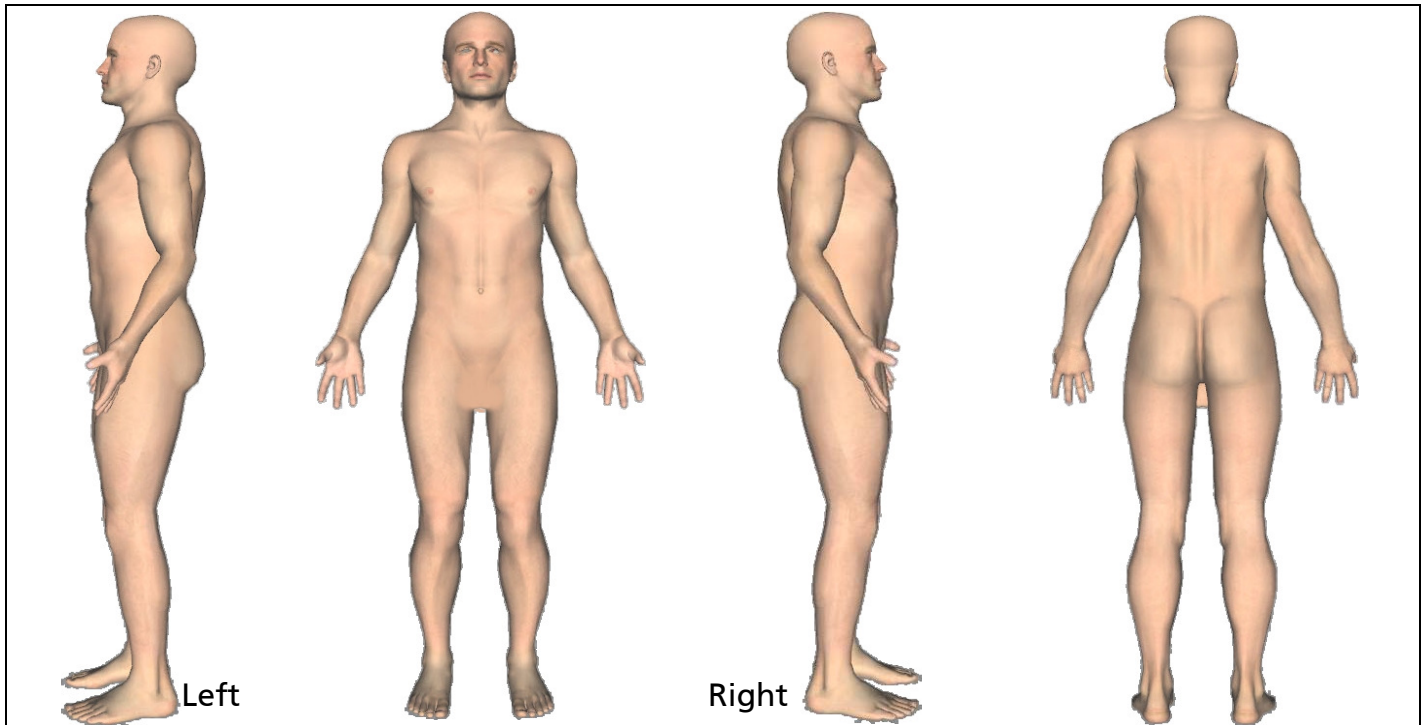
First name : \_\_\_\_\_

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