

# Registrationform direct accessibility physiotherapy

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Personal information					
Surname:	Init	ials:			
First name:	BSNnumber: Date of birth: Gender: M / V				
Adress:					
Zip code:					
City:	Ph	onenur	nbers:	Anagat avail unc	
E-mail:	Cam		heart even the high	ava totopik mov s	
Insurancename	Ins	Lyou have chest o			
Information general practitioner					
Name:					
Adress:					
Zip code:	City:	BY THUS	samelnii svode erii i	into serge povili	
What is the reason of your contact with	the physical	therap	oist? Describe your	complaint	
	paneau	S18 (30)	West muccoa cost as	Sampagavorg is non- Bit reunth up 1 - +	
What is your request for help?			e on time for your re- cascal your appointment	You should to	
	10	erraer	t pe fully etranged anno a towel during tr	thereteau Obligate up? •	
Medical information	yes	no	If yes, please sp	ecify	
Do you take medication?	10286	E LA ID	magnitudin aspan	ale near out, as	

Medical information	yes	no	If yes, please specify
Do you take medication?		1 5115	Charles and the control of the contr
Are you under treatment by a specialist? Is your health lately decreased?			816
Are you currently sick?			- Company
Do you currently have unexplained fever?			
Do you unexpectedly lost weight lately?			o be completed by the therapist
Do you have alcohol or drug problems?			
Do you have long term use of corticosteroids?	VVelka.		in at rode vlaggen aanwezig. Ja/Ne
Did you have had bone fractures in the past? Have you've been seriously ill in the past?	L DCU	unteg	And Tolino (Izallos para Dale A NAPIO)
Do you have problems with sleeping?			Vermai rigaspin arganasti and establish saker
Do you have nocturnal pains?	cihnis	n tein	Verder fysiotherapeutisch onderzoek u
Do you have loss of feeling in your body?			nateure
Do you have suddenly loss of strenght in your body?	Quente	S 19III	verdor fysiolinerapseutach opusitzuek o nomen mai hutsarts
Do you have weird tingling sensations in your body?			daigatant emagnet
Do you lose your balance on a regular basis?			916
Is your complaint the result of a recent trauma?			

# Stratum

Voorterweg 150

5611 TS, Eindhoven

## **Philips Stadion**

Stadionplein 2

5616 RX, Eindhoven

#### Valkenswaard

Van der Clusenstraat 10

5553 EL, Valkenswaard

## Contactgegevens

**③** 040-202 70 27

@ info@FysioQuick.nl

# (see other side) Bedrijfsgegevens

■ KvK: 17219873

O NL46 RABO 0120 8674 35

	yes	no	If yes, please s	specify
Answer with yes if your symptoms do not diminish or change by rest or attitude change			nottemeli	ni Tancoro
Have you lately suffer from speech problems?				
Have you lately suffer from confusion or memory loss?				Strant
Do you sometimes lose control of your bladder or stool?				Broding.
Are you lost control of your limbs?				2820
Are you under the control of the thrombosis service?			Garage August	E000 £
Do you have recently flown or dived?				
Has your doctor ever said you have heart problems?				2610
Do you have chest pain in physical exertion?			9115 Security 1915	ansons rui
Do you currently have a lot of stress?			and the second s	
Will you find yourself in emotionally intense conditions?		71571	siffragan faanimus	nelisemai
Are you under treatment by a psychologist or a psychiatrist?				78.73
General provisions:  • You must take into account how you are insured.  • You must take into account the number of treatment				
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Name therapist:	
Date:	you loss your balance on a requier basis?
Signature therapist:	Pemuen fraces a to flueer add Mislamoc ruc.
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