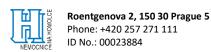


ANAMNESTIC QUESTIONNAIRE Dept. of Rehabilitation and Physical Medicine at the Na Homolce Hospital

Surname and First Name, Title:	Personal Identification Code
Birth No.:	
Occupation: Incapacity for Work	0
Phone: Height (cm): Weight (kg): E-mail:	
E-mail: Please fill in the following information (put an X in □, fill in the blank he	re or on the other side):
Cardiac stimulator	□ yes □ no
Bleeding conditions, taking blood thinners. Please state:	□ yes □ no
Tumour diseases. Please state:	□ yes □ no
Metal bodies in the body. What and where:	□ yes □ no
Endocrine diseases: thyroid, adrenal, hypothalamus, pituitary (pituitary gland) pancreas (diabetes) Specify:	i), 🗆 yes 🗆 no
Neurological disorders (stroke, multiple sclerosis, myasthenia, epilepsy,). Ple	lease state:
For women: Date of the last menstruation:  Are you pregnant?	? □ I don't know □ yes □ no
Heart disease (aneurysm, heart defect, ischaemic disease, rhythm disorder)	□ yes □ no
Please state:	
High blood pressure	□ yes □ no
Diseases of the blood vessels (ischaemic disease of the lower limbs, venous inflammation, varicose ulcer, varicose veins, thrombosis,). Please state:	□ yes □ no
Diseases of the respiratory system. Please state:	□ yes □ no
Rheumatological diseases. Please state:	□ yes □ no
Diseases of the digestive tract (liver, pancreas, ulcer disease, ulcerative colitis. Specify:	s) 🗆 yes 🗆 no
Glaucoma	□ yes □ no
Skin diseases (eczema, formations on the skin). Please state:	□ yes □ no
Mental disorders. Please state:	□ yes □ no
Injuries, surgeries. Please specify which operations and when:	□ yes □ no
Are you taking medications? Which:	□ yes □ no
Other diseases. Please state:	□ yes □ no

Please continue to fill in the questionnaire on the second page  $\rightarrow \rightarrow \rightarrow$ 



What is the reason, the purpose of your visit?

Please provide information related to your visit to the Department of Rehabilitation and Physical Medicine:

I'm having	□ after an acci	dent (speci	fy) :							
difficulties		□ after an accident (specify) : □ after a surgery (specify): □ other reasons (please specify):								
Duration of	☐ 1-7 days	☐ 1-3 weel	ks □ 3-9	weeks	2-3 montl	hs □ 3-7	months	□ 7-12 mo	nths	
the	□ longer – plea	ase specify	how long:							
difficulties										
	I like to achieve th	-		outsido t	ho NIII n	looso brii	na conios	of modic	al roports	
to be exami	ned by a rehab	ilitation pl	hysician!						arreports	
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0	1 2	3	4	5	6	7	8	9	10	
	ies are most lir									
Space for A	dditional Data:									
accuracy of t Rehabilitatio obliged to re	uction, Departme the information pi in and Physical Mo ad and follow the released for other	rovided and edicine. The instruction	l undertake e instructio ns. Failure t	e to follow ns are ava to follow th	the Patient ilable at the nese guideli	t Instruction	ons of the Deption and	epartment each patie	of nt is	
In Prague, D	Oate:			Patient'	s signatu	re:				
	Version: 02,6/2023								Page <b>2</b> of 2	