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VNS Daith Anamneseformulier**

**Om meer inzicht te krijgen in het ontstaan van uw klachten willen wij u graag vragen deze vragenlijst in te vullen.**

Naam: .................................................................................................................................................................................

Wat is uw hulpvraag: .........................................................................................................................................................

Hoe is dit begonnen / sinds wanneer: ............................................................................................................................

Waar op het lichaam: ........................................................................................................................................................

Type pijn (stekend, brandend, zeurend): ........................................................................................................................

Pijnschaal 1-10: ..................................................................................................................................................................

Heeft u bewegingsbeperkingen: ......................................................................................................................................

Frequentie (dagelijks, wekelijks, maandelijks): ................................................................................................................

Invloed op levensstijl: ...........................................................................................................................................................

Verergert als: ...........................................................................................................................................................................

Verbeterd als: ..........................................................................................................................................................................

Operaties: ................................................................................................................................................................................

Medicatie/supplementen: ......................................................................................................................................................