**Anamnense voor: .**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| M V | | Leeftijd: | | | | Ras: | | | | BMI:  verandering? | | | | | | | Uiterlijk zichtbaar: | | | | | | | | | | | |
| Situatie: | | | | | | | | | | | | | | | | | Klachten: | | | | | | | | | O. koorts🏱  Zweten  A.Dyspnue  O.vermoei  Schouder  Hees,zwell.  Droge mond | | |
| Differntiaal diagnose (=> werkdiagnose): | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Specifieke vragen:  Wat heeft u al gedaan? | | | | | | | | | | | | | | | Door vragen op klachten: | | | | | | | | | | | | | |
| Hoofd | Ademhaling  Longen | | | | Hart Bloedvaten  Lymfe | | | Huid | | | Spijsvert  Maag/darm  ontlasting | | | Prostaat  Eierstok/  baarm. | | Nieren  Plassen  Oedeem | | | Botten/  Gewrichten  Bewegen | | | Hormonen  (diabetes) | | Zien  Ruiken  Proeven | | | | Psych. |
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| Medische voorgeschiedenis:  *(allergieën, specialist, ziekenhuis)*  *(vaccinaities)* | | | | | | | | | | | | | | | Familie ziektes: | | | | | | | | | | | | | |
| Familie/gezin samenstelling: | | | | | | | | | | | | | | | Voedingsgewoonte: *(drinken)* | | | | | | | | | | | | | |
| Werk: | | | | | | | | | | | | | | | Geestelijke gesteldheid: *(stress)* | | | | | | | | | | | | | |
| Intoxicaties: *(pil, paracetamol, neusspray)* | | | | | | | | | | | | | | | Vitaliteit: | | | | | | | | | | | | | |
| slaappatroon | | | | | eetlust | | | fitheid | | | | stemming | |
| reizen | | | sport | | | huishouden | | | | tuin | | | |
| medicijn | | | roken | alcohol | | | cafeïne | | straling | | | lucht | werk | |
| Differtiaal diagnose afstrepen | | | | | | | | | | | | | | | Voorstel (behandelmethode / onderzoek): | | | | | | | | | | | | | |