**BEFUNDAUFNAHME**

Name: Diagnose:

Vorname: Nebendiagnose:

Geburtsdatum: Krankheiten:

Adresse: Allergien:

PLZ, Ort: Operation:

Telefon: Medikamente:

E-mail: Bisherige Massnahmen:

Krankenkasse:

**ANAMNESE**

**STATIKBEFUND / BODYCHART**



**ZIELE**

Primäres Ziel:

Nahziel:

Fernziel - Motivationsziel:

**BEHANDLUNGSVERLAUF**

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| **Datum** | **Befund, Therapie, Verlauf** | **Bemerkung** |
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