

Date: _____ Patient name: _____

This questionnaire is designed for us to find out about anything that may help or hinder your recovery.
Please also describe things from your past.

Your family: _____

Your current and previous work: _____

Your living accommodation: _____

Anything that you feel negatively influences your health: _____

Anything that you feel positively influences your health: _____

Earlier illnesses, accidents, operations: _____

