

Anamnese

Name: _____

Grösse cm Gewicht kg AZ

K
O
P
F

Augen re li
L _____
M _____

Zähne
Rachen
Tonsillen

H
A
L
S
+
L
Y
M
P
H
K

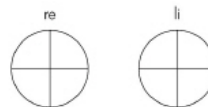
Schilddrüse

Lymphknoten

re li
submand _____
supraklav _____
cervikal _____
nuchal _____
cubital _____
axillär _____
inguinal _____



Mammae



T
H
O
R
A
X

Herz

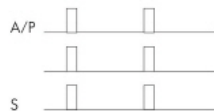
Puls

HJR

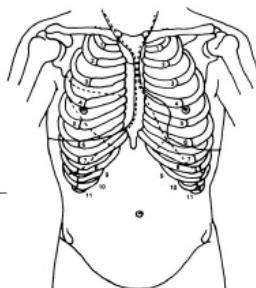
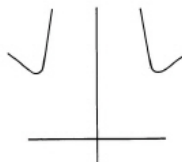
Oedeme

BD

HSS



Lunge



A
B
D
O
M
E
N

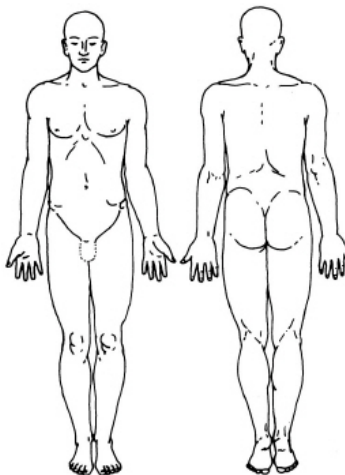
rectal
Occ. Blut

W
S
+
E
X
T
R
E
M

Varicosis

re li
Car _____
Fem _____
Pop _____
Tp _____
Dp _____

re li
Lasègue _____
PSR _____
ASR _____
Babinsky _____



N
E
U
R
O

H
A
U
T