MAM map

Pain type

O Evoked
● Perceived
◌ Deep
Paresthesia/Tingling
.....
.....
Burning
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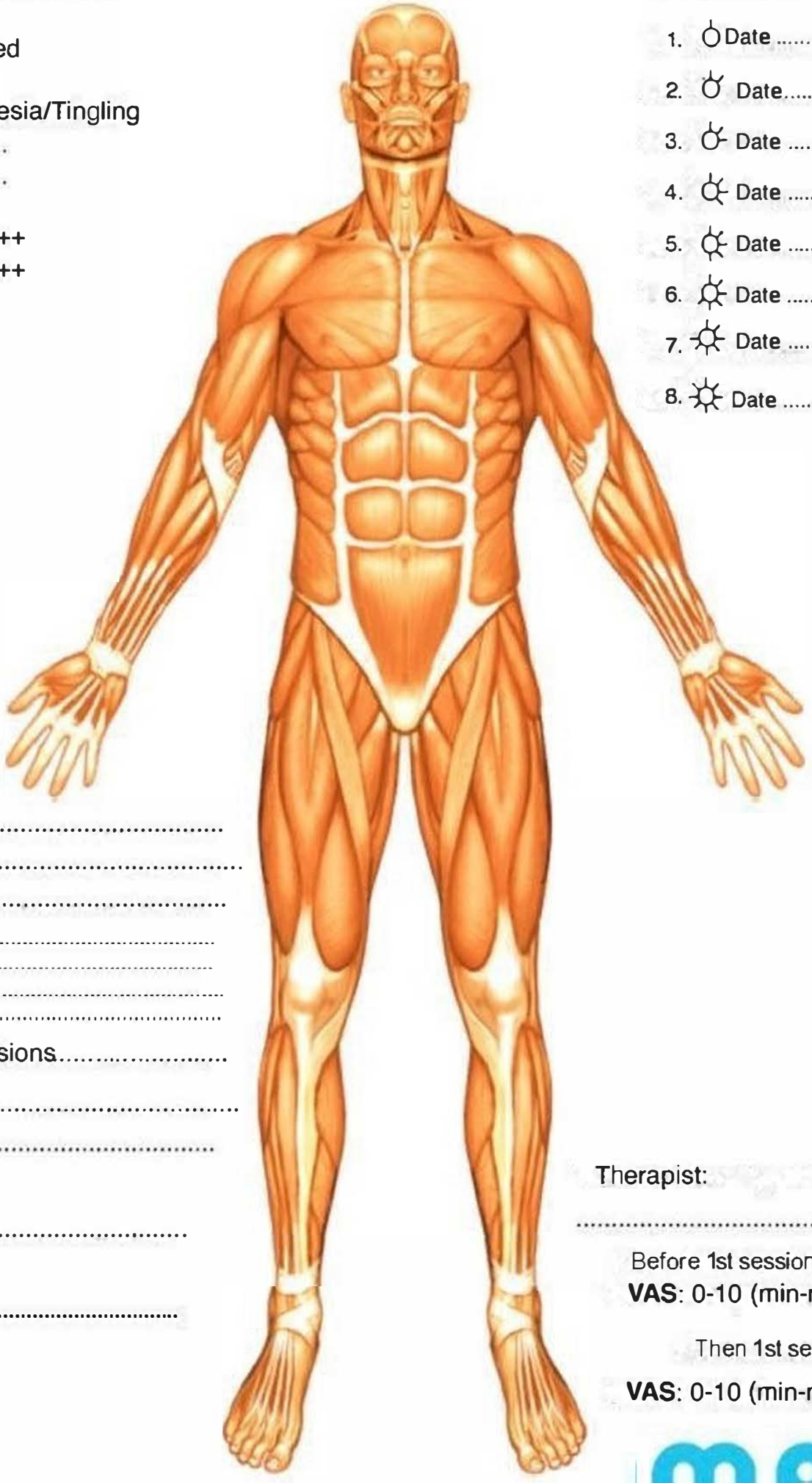
Treatments

1. O Date .....
2. Date.....
3. Date .....
4. Date .....
5. Date .....
6. Date .....
7. Date .....
8. Date .....



Mr/Mrs .....
Age .....
Date .....
Occupation.....
Sport.....
Allergies.....
Smoke.....
N° MAM sessions.....
Other .....
.....

Dr. .....

Sign.....

Therapist:
.....

Before 1st session
VAS: 0-10 (min-max): .....

Then 1st session
VAS: 0-10 (min-max): .....

mam®
muscolar acoustic modulator

Clinical History
Pain onset

Where's pain

How is the pain

When do you have pain

Examinations

☐RX ☐RM ☐TAC ☐ ECO

Digestion

Bowel evacution

Blood Pressure

Thyroid

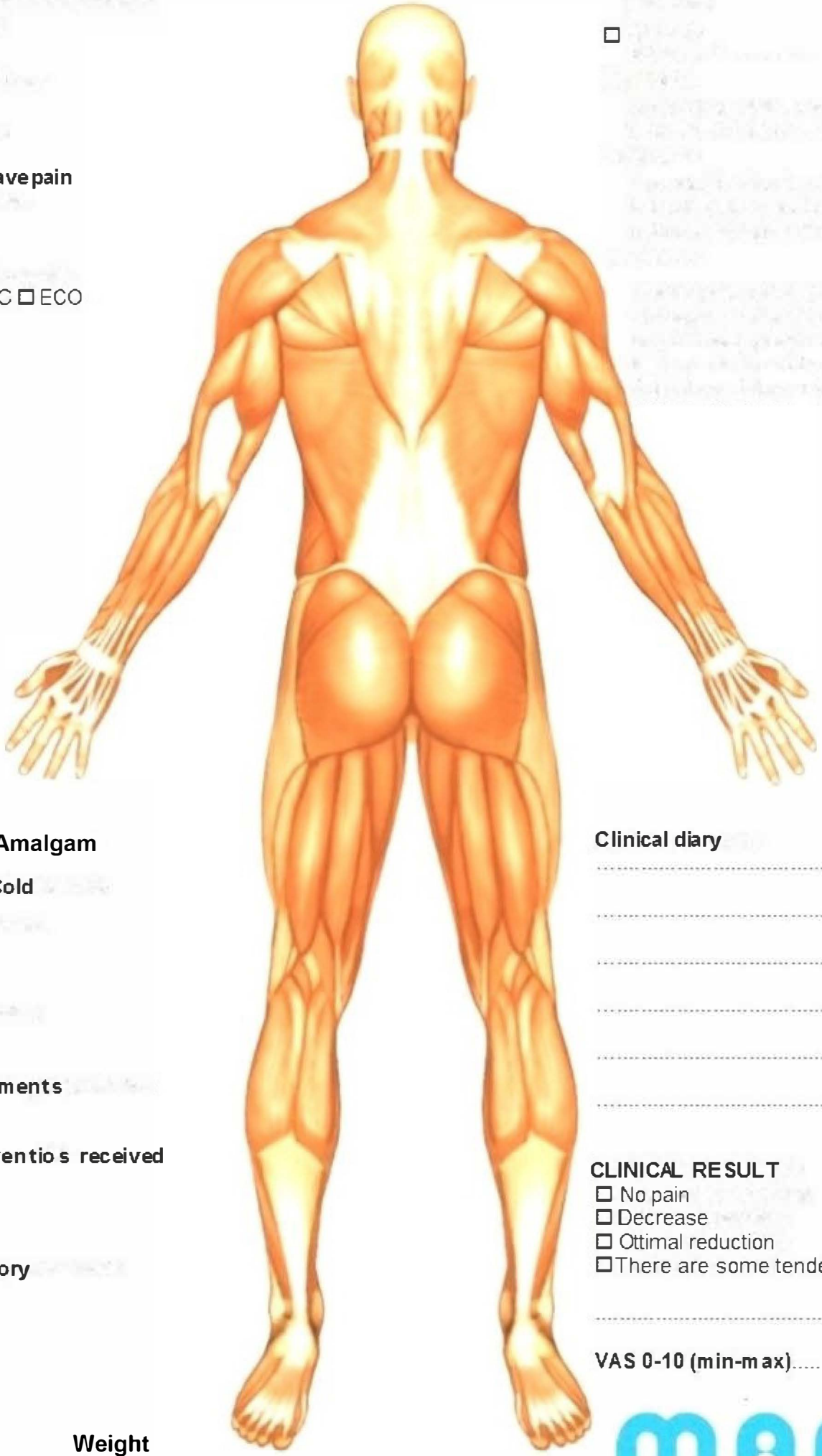
Urinating

Menstruation

Blood analysis

Cramps

Swelling



☐

☐ **Heart** ☐ **Amalgam**

☐ **Caloric** ☐ **Cold**

Drugs used

Drugs in use

Received Treatments

Surgical interventios received

Pregnancies

Past clinical history

Clinical diary

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CLINICAL RESULT

☐ No pain
☐ Decrease
☐ Ottimal reduction
☐ There are some tender points

.....

VAS 0-10 (min-max).....

Height **Weight**

Blood type

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