

MAM map

Pain type

☐ Evoked

☒ Perceived

☐ Deep

Paresthesia/Tinbling

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Burning

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Treatments

1. ☐ Date

2. ☐ Date

3. ☐ Date

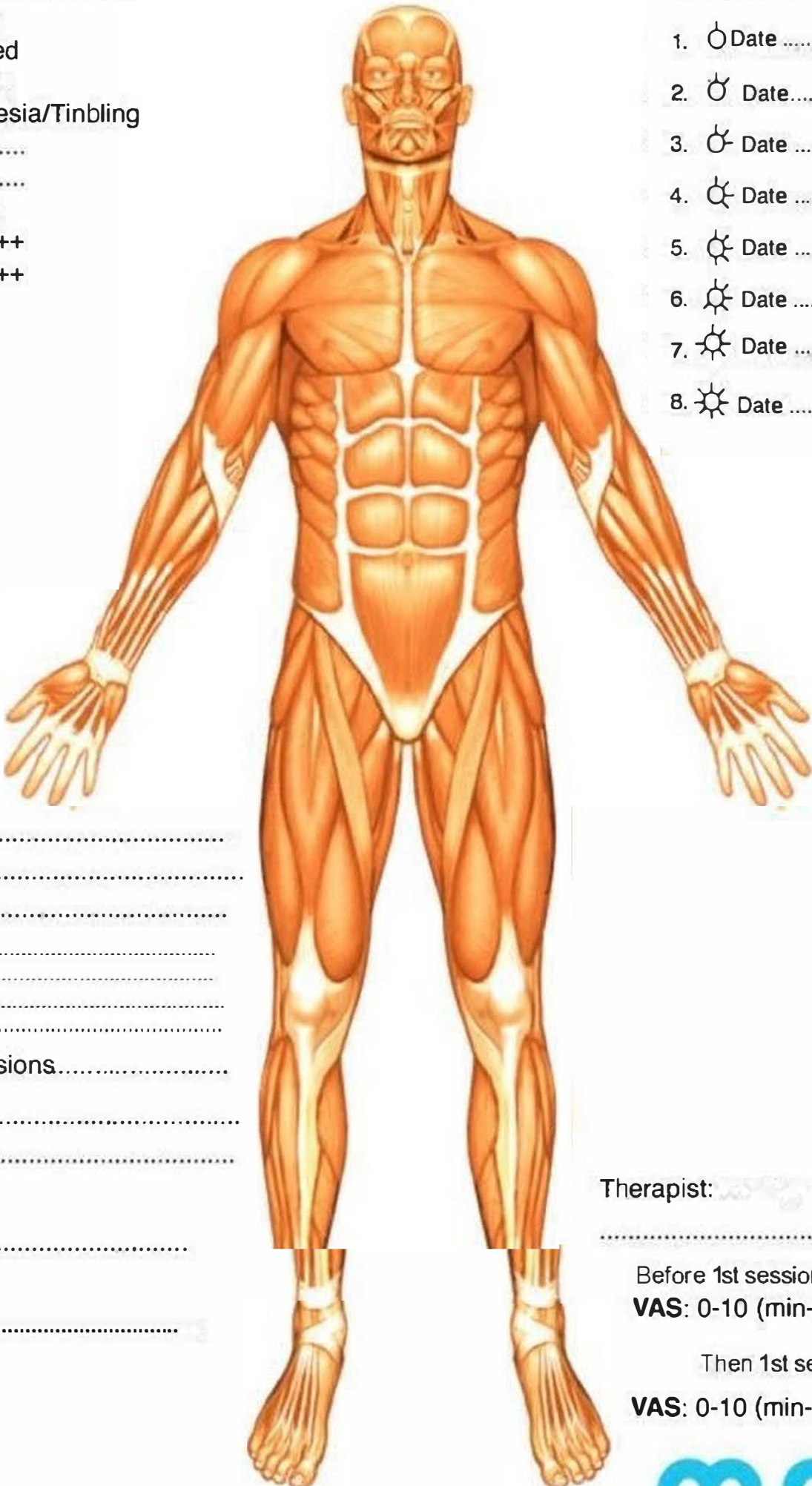
4. ☐ Date

5. ☐ Date

6. ☐ Date

7. ☐ Date

8. ☐ Date



Mr/Mrs

Age

Date

Occupation.....

Sport.....

Allergies.....

Smoke.....

N° MAM sessions.....

Other

.....

Dr.

Sign.....

Therapist:

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Before 1st session

VAS: 0-10 (min-max):

Then 1st session

VAS: 0-10 (min-max):

Clinical History
Pain onset

Where's pain

How is the pain

When do you have pain

Examination s

☐RX ☐RM ☐TAC ☐ECO

Digestion

Bowel evacuation

Blood Pressure

Thyroid

Urinating

Menstruation

Blood analysis

Cramps

Swelling

☐ Heart ☐ Amalgam

☐ Caloric ☐ Cold

Drug s used

Drug s in use

Received Treatments

Surgical interventio s received

Pregnancie s

Past clinical history

Height

Weight

Blood type



Clinical diary

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CLINICAL RESULT

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

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

