

# Thomas Test

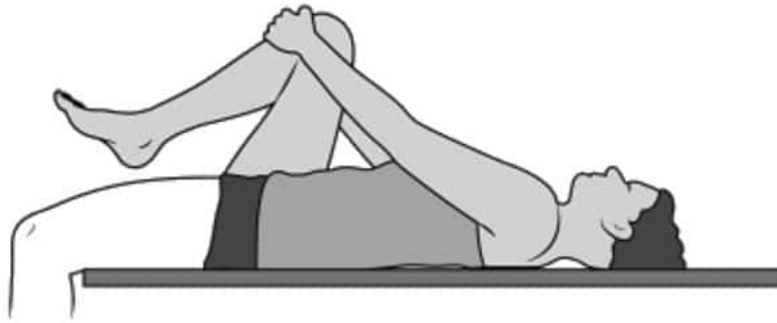
## Client Information

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

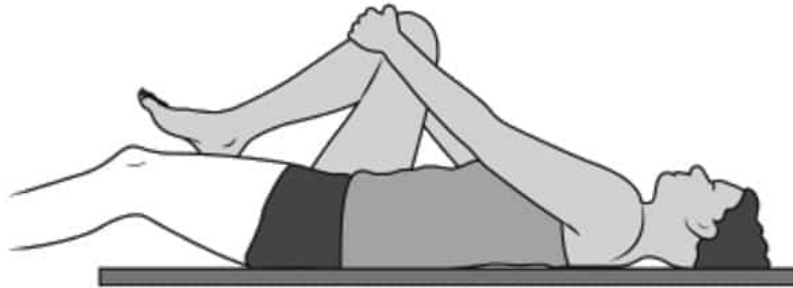
Gender: \_\_\_\_\_ Date of Consultation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_



**Negative 'normal'**



**Positive**

## Description of the patient's condition

Illustration: ORTHOFIXAR

**Severity of Pain:**

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**Recommendation:**

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**Notes:**

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