**Patienter der har modtaget \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, som vi ønsker at give dem.**

**Dato \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hvor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Hvem lavet gennemgangen \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Patient** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | **Ialt** |
| Hvad ønskes svar på – det skal være Ja eller nej-spørgsmål. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Psykiatrien** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **I alt – "All or none"** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |