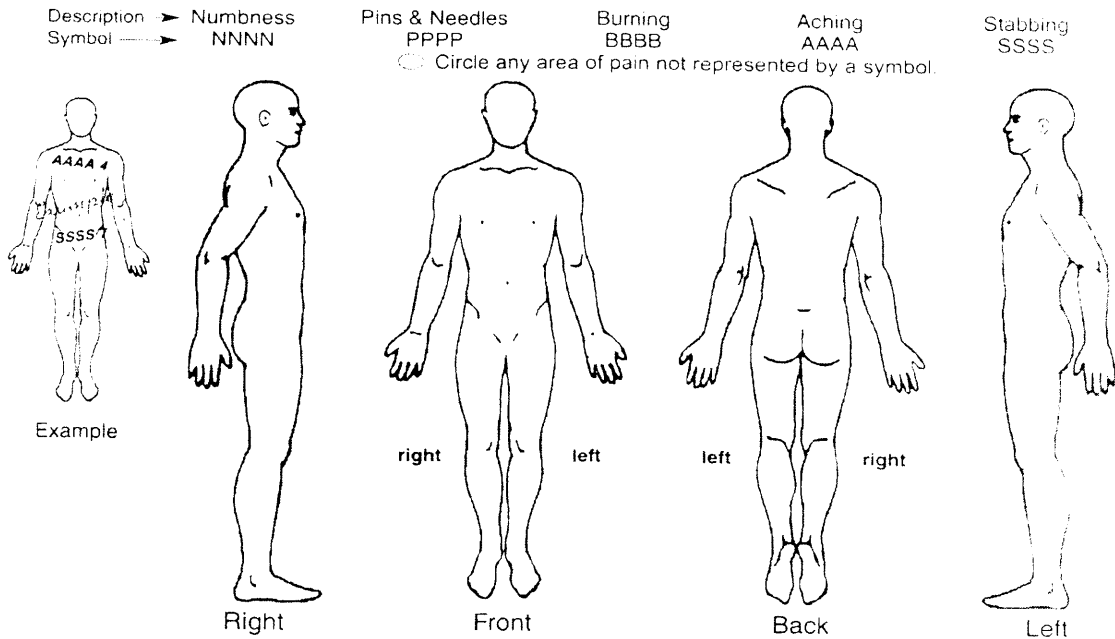


Please mark area(s) of injury or discomfort as shown in the example below. Mark all areas with the appropriate symbols and indicate the degree of pain using a scale from 1 (discomfort) to 10 (extreme pain).



Name: _____

What is your current weight? _____ lbs.

Height? _____ ft. _____ in.

Please describe your current condition:

Signature: _____ Date: _____