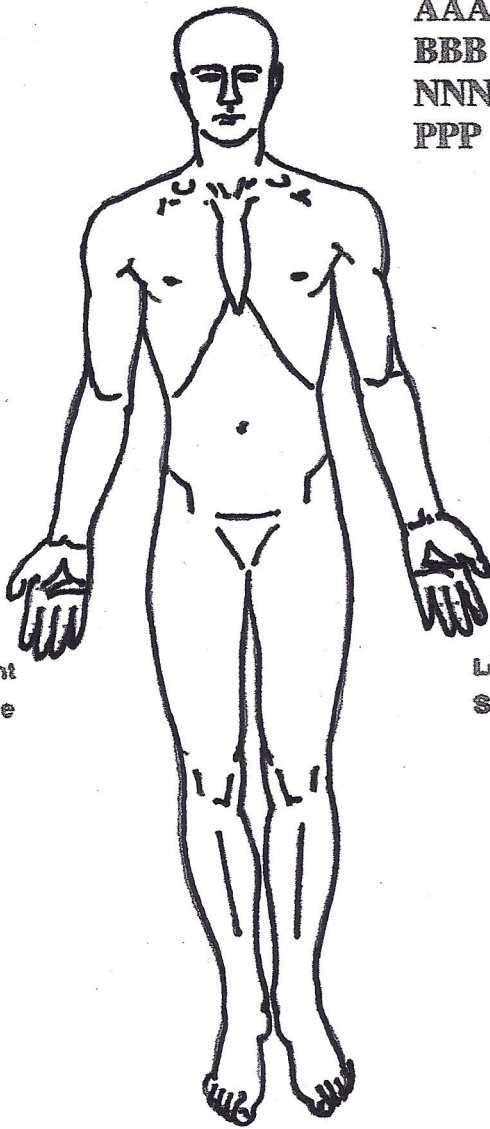


Body Diagram

Acct# _____

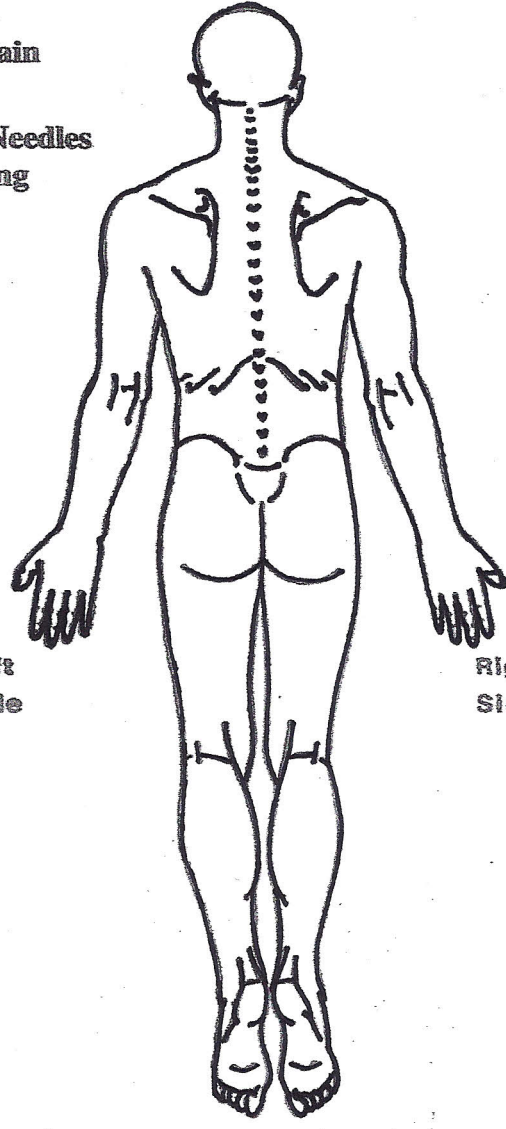
Last Name _____ First Name _____

SSS Sharp Pain
AAA Dull Ache
BBB Burning Pain
NNN Numbness
PPP Pins and Needles
Or Tingling



Right Side

Left Side



Left Side

Right Side

Patient Signature _____ Date _____

(Signature of parent if the patient is a minor)