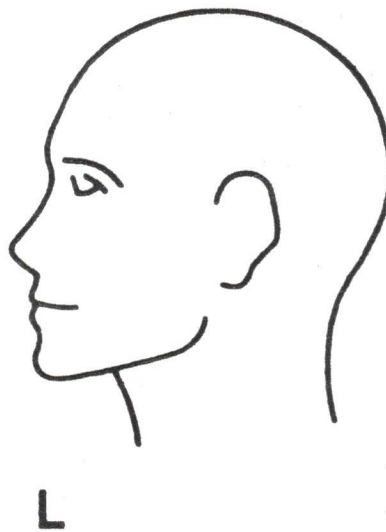
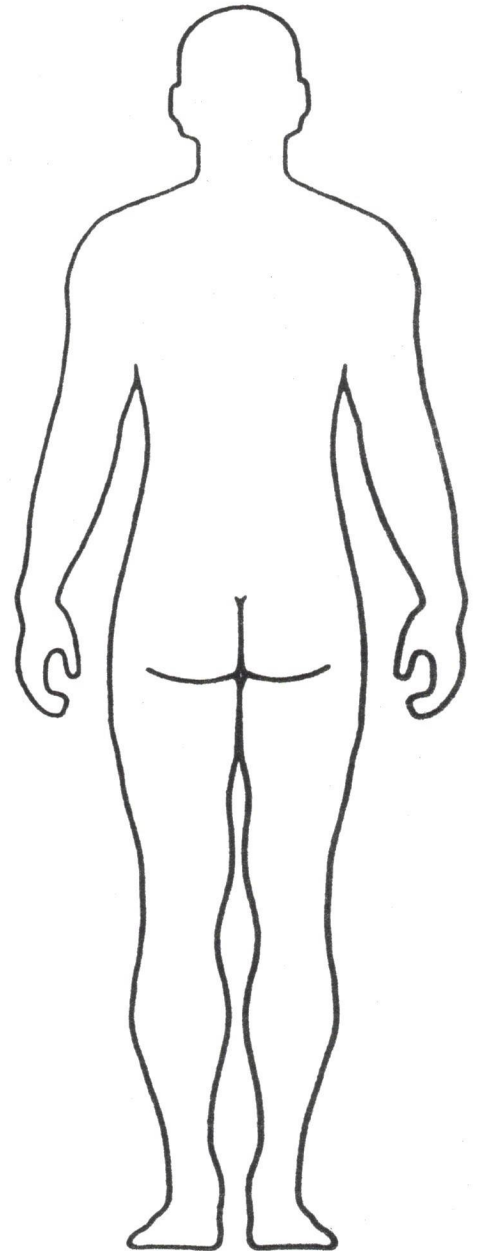
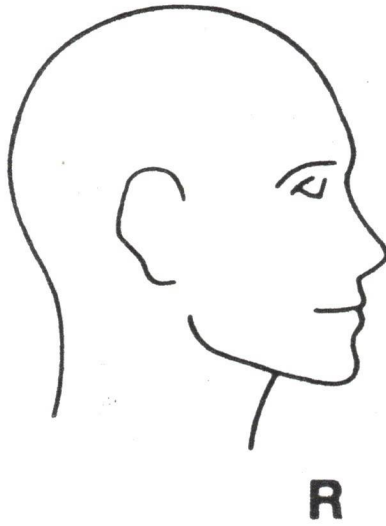
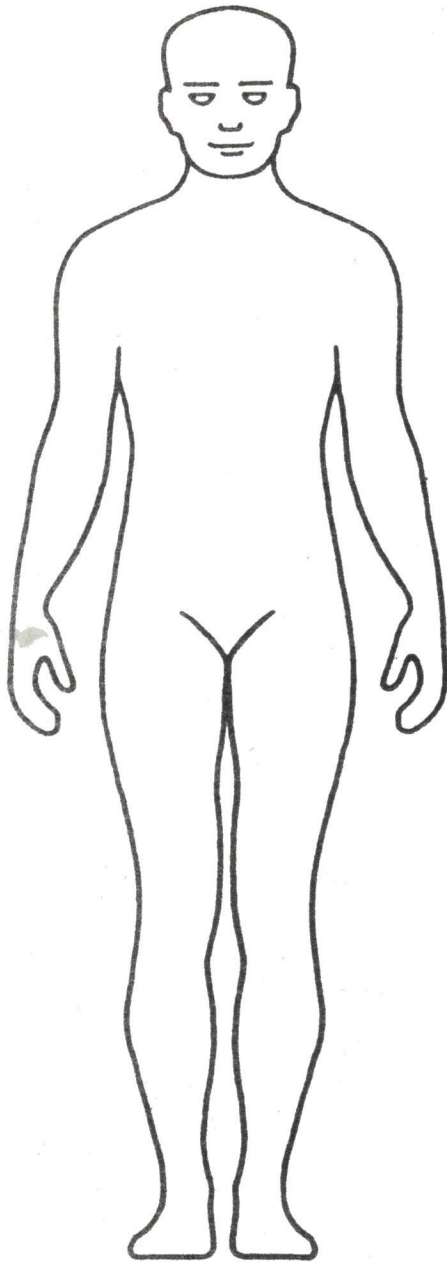


NAME _____ DATE _____

PLEASE MARK AREA(S) OF PAIN OR INJURY ON THE ILLUSTRATION BELOW AND GIVE A WORD DESCRIPTION OF THE SYMPTOMS YOU ARE HAVING IN THOSE AREAS



Other Comments _____
