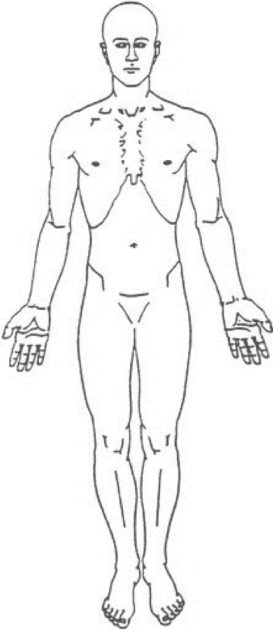
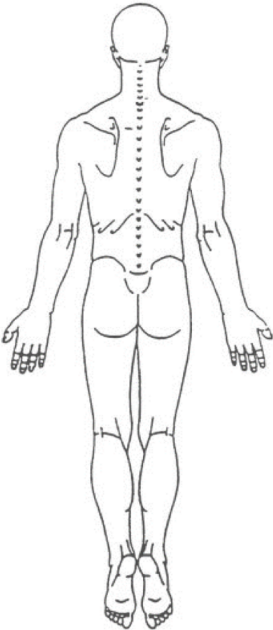


Body Assessment Form

Patient Information			
First Name	Last Name	Date of Birth	Gender
Note Section			
 		<ul style="list-style-type: none"> ✕ Adhesion ↻ Rotation ○ Pain ● Tender Joint ≡ Hypertonicity ≈ Spasm ⊙ Inflammation 9 Trigger Point / Elevation 	
Clinician Name	Clinician Designation	Clinician Signature	Date