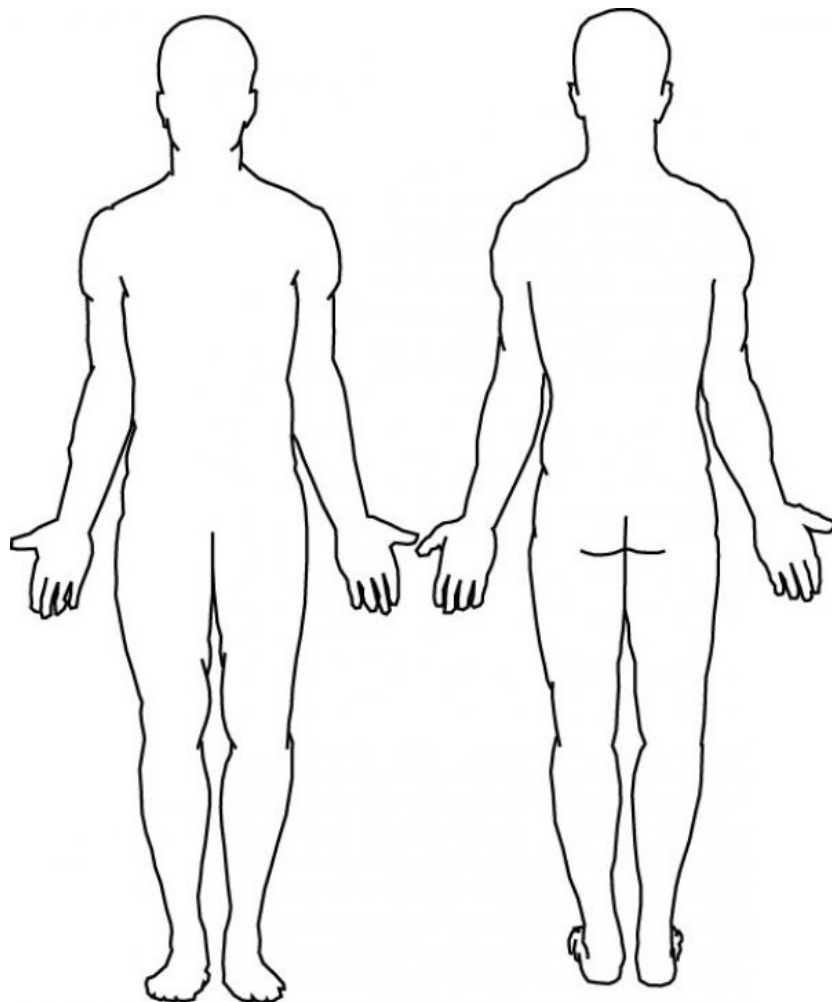


Body Chart

Patient Information
Name:
Date of Birth:
Gender:
Address:
Phone Number:
Emergency Contact:



Front

Back

Body Part	Description of Area	Observations or Issues	Remarks
Head	Forehead, temples, and scalp		
Eyes	Eyelids, pupils, and sclera		
Ears	External and internal		
Nose	External and internal		
Mouth/Throat	Lips, gums, tongue, throat		
Neck	Front and back		
Chest	Front and sides		
Abdomen	Upper and lower		
Back	Upper and lower		
Arms	Shoulders, upper and lower		
Hands	Palms and fingers		

Pelvis/Genitals	Pelvic area		
Legs	Thighs, knees, calves		
Feet	Tops and soles		

Notes/Remarks:

Healthcare Provider Information:

Doctor's Signature:

Doctor's Name:

Clinic/Hospital Name:

Contact Information: