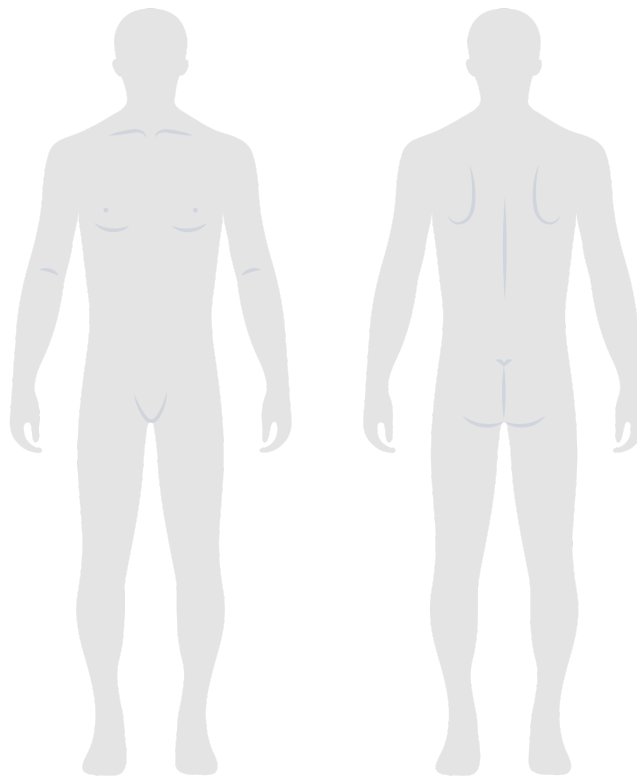


# Body Map

<b>Patient Information</b>	
<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Address:</b>	
<b>Contact Number</b>	
<b>Emergency Contact Name:</b>	<b>Number:</b>

**Instructions:** Using the body map below, indicate the area where you are experiencing pain, bruising, scars, red marks, injuries, or other symptoms. Only document where the injury is visible.



**Additional notes:**