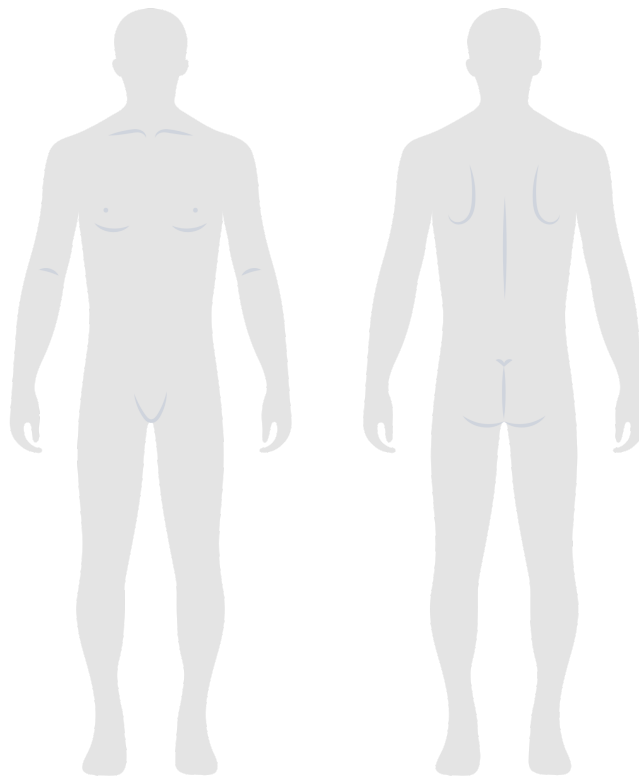


Body Map

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

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: