

# Gaenslen Test

## Client Information:

Name:

Date of Birth:

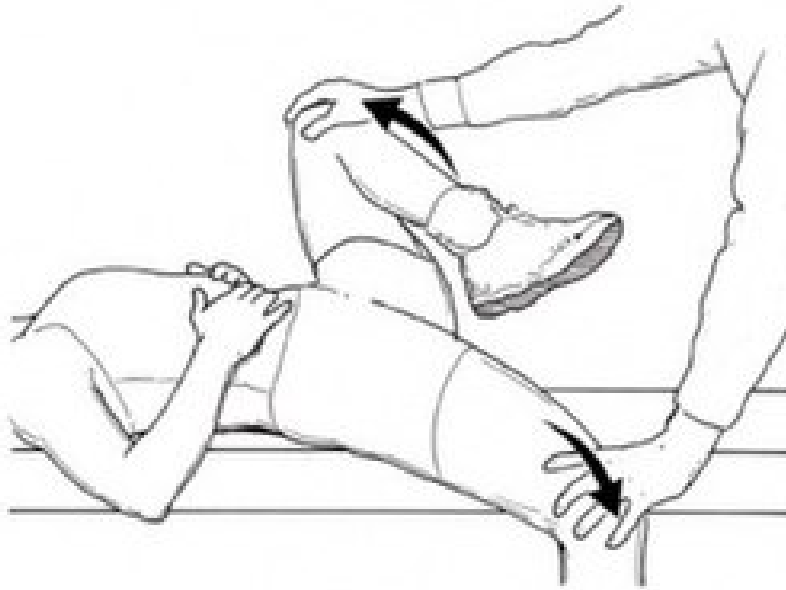
Gender:

Address:

Phone Number:

Email Address:

Date of Consultation:



Description of the patient's condition:

Severity of Pain:

**Recommendation:**

**Notes:**