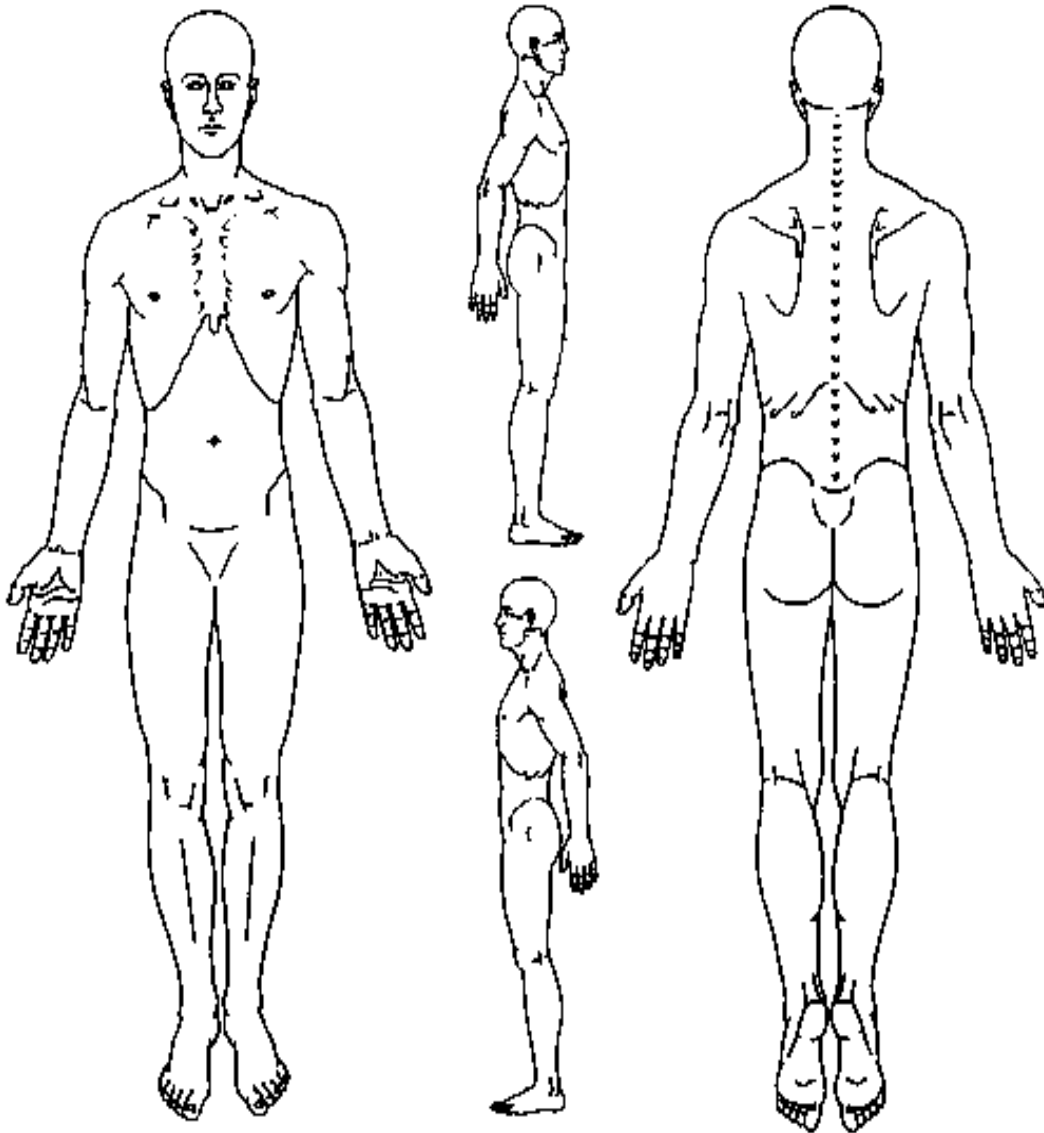


PATIENT _____

DATE _____

On the diagram below, please mark where you are experiencing pain or other symptoms, right now.



SIGNATURE _____ **DATE** _____