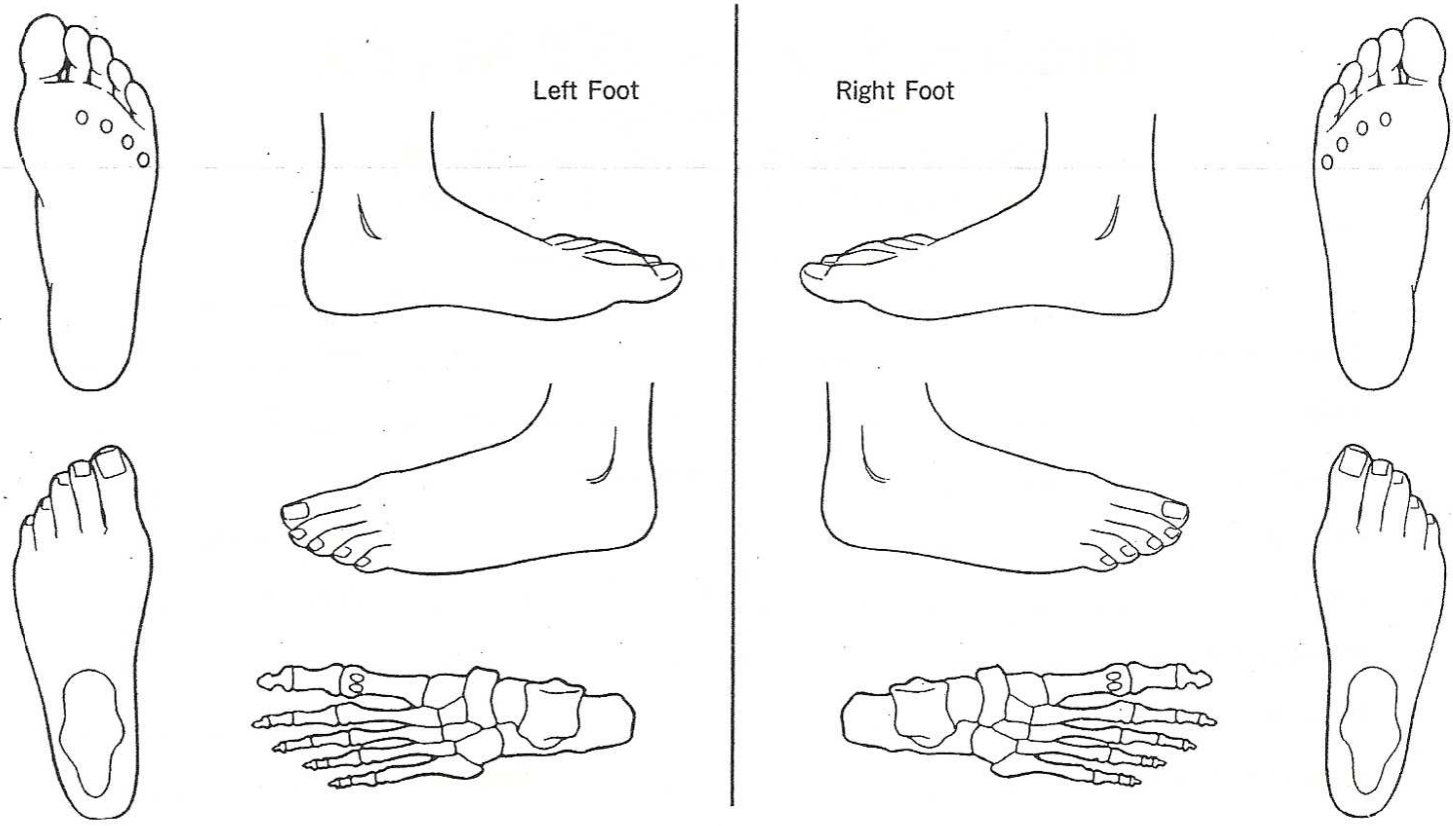
Name:_____ **Date:**_____



PLEASE CIRCLE OR DRAW AN ARROW INDICATING THE SPECIFIC AREA OF CONCERN OR PAIN (IF POSSIBLE).