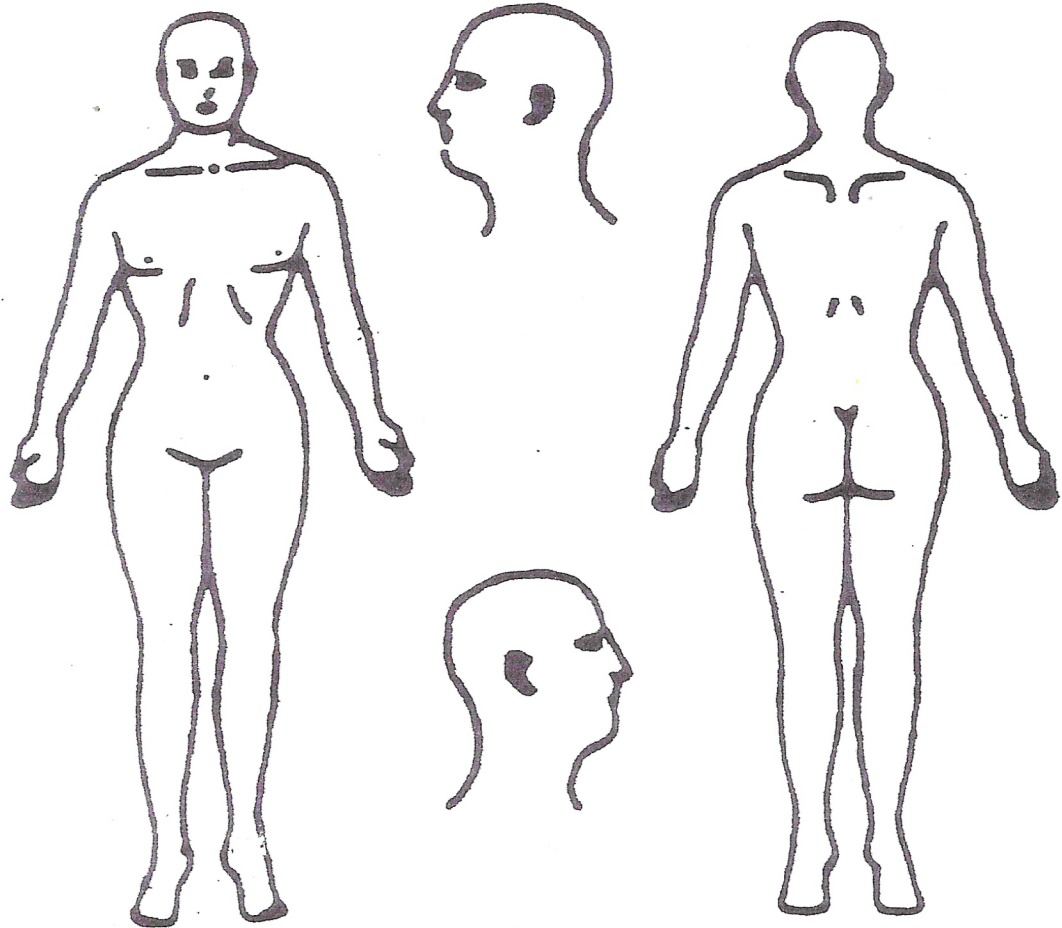


NAME: _____ DATE: _____

Scar Chart: Please mark all scars on chart in **red ink**.

No scar is too small



MARK AREAS WITH SCARS, INCLUDING TATOOS, PEIRCINGS, EPIDURALS, EPEZIOTOMY

DO YOU HAVE ANY PHYSICAL PROBLEMS?

ARE YOU ON ANY MEDICATIONS?

NAME:	USED FOR:
NAME:	USED FOR:
NAME:	USED FOR:
NAME:	USED FOR: