

Body Injury Sheet (Please label and write clearly)

Please draw or shade any AREAS of old injuries you sustained (as best you can remember).

Examples: scars, whiplash from auto accident injuring neck or chin hitting dashboard, head injury, blows to the body from falls or hits (ex. falling on your tail bone, hit in the nose or on the head), surgeries, broken bones (ex. broke rib, toe, arm), muscle, tendon or ligament tears, organs removed, etc.

Now circle the AREA(S) of the body you had any past infections.

Examples: sore throat, tonsils swollen, ear infections, lung infection, bronchial infections, bladder infections, sinus infection, appendix, etc.

