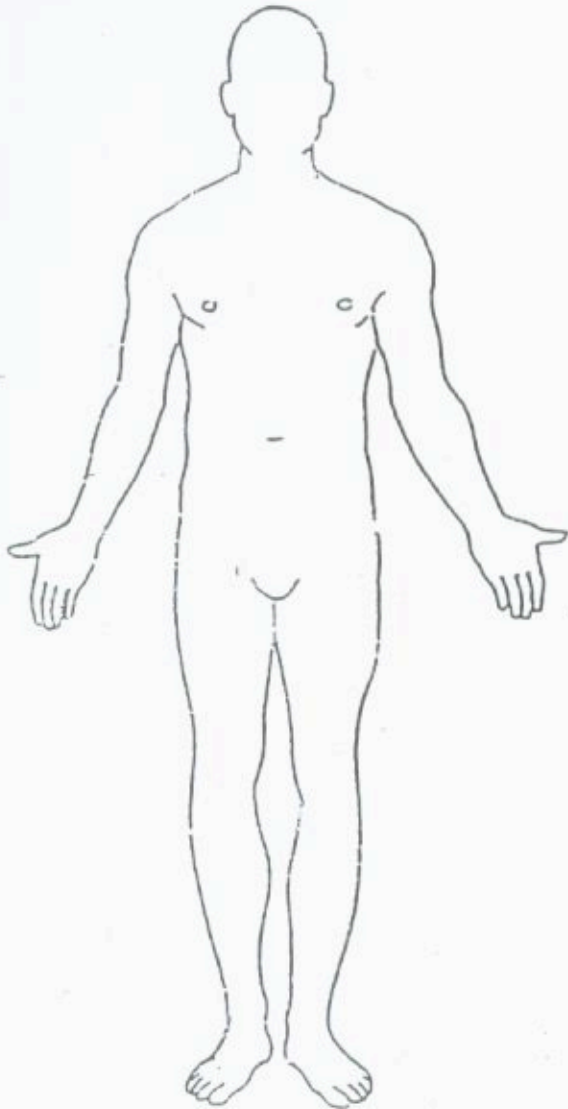


Mark these drawings according to where you hurt (if the back of your neck, mark the drawing on the back of the neck, etc.). If you feel any of the following symptoms, please indicate where you feel them by placing the marks shown here on the diagram.



Numbness

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Pins and Needles

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Burning

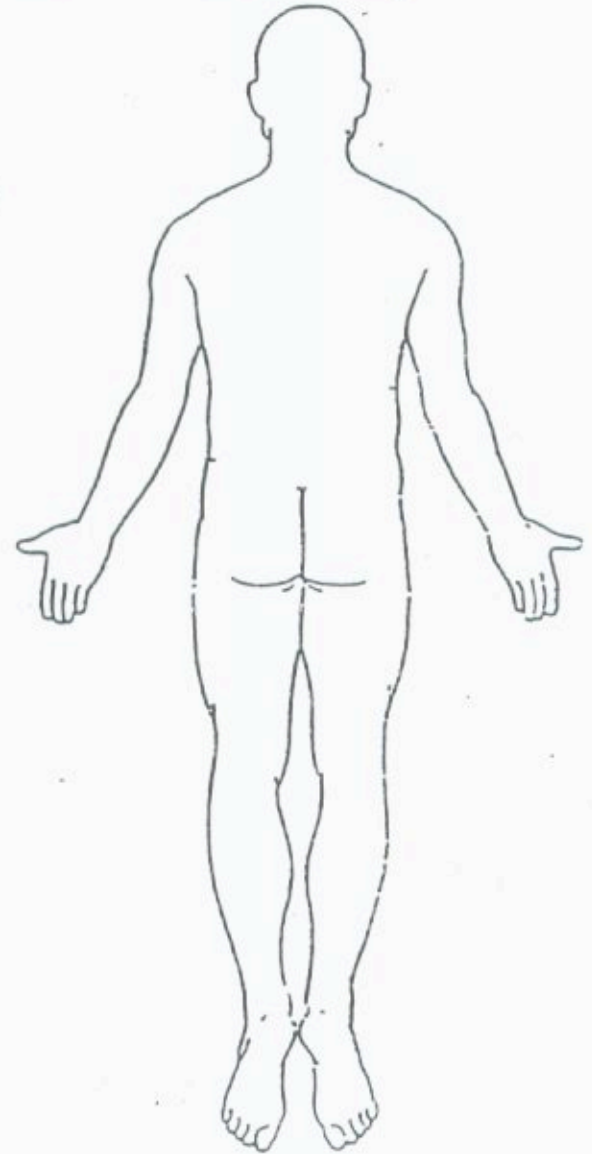
XXXXXX

Stabbing

//////

Ache

VVVV



NAME \_\_\_\_\_

CLAIM NUMBER \_\_\_\_\_

DATE OF EXAMINATION \_\_\_\_\_