

Body Old Injury / Infection / Pain Sheet (Please fill out)

Name: _____

Date: _____

Please label, draw or shade any AREA(S) of old injuries or pain (as best you can remember). Please label them.

Example:

Scars; whiplash from auto accidents injuring the neck, or the chin hitting the dashboard; head injuries; blows to the body from falls or hits (e.g., falling on your tail bone, being hit in the nose or on the head); blows to the body from falls or hits (e.g., broken rib, toe, arm); muscle, tendon, or ligament tears; organs removed, etc.

Now label shade or draw in the AREA(S) of the body in which you had any past infections.

Example:

Sore throat, swollen, tonsils, ear infections; lung infections, bronchial infections; bladder infection; sinus infections; appendix, etc.

