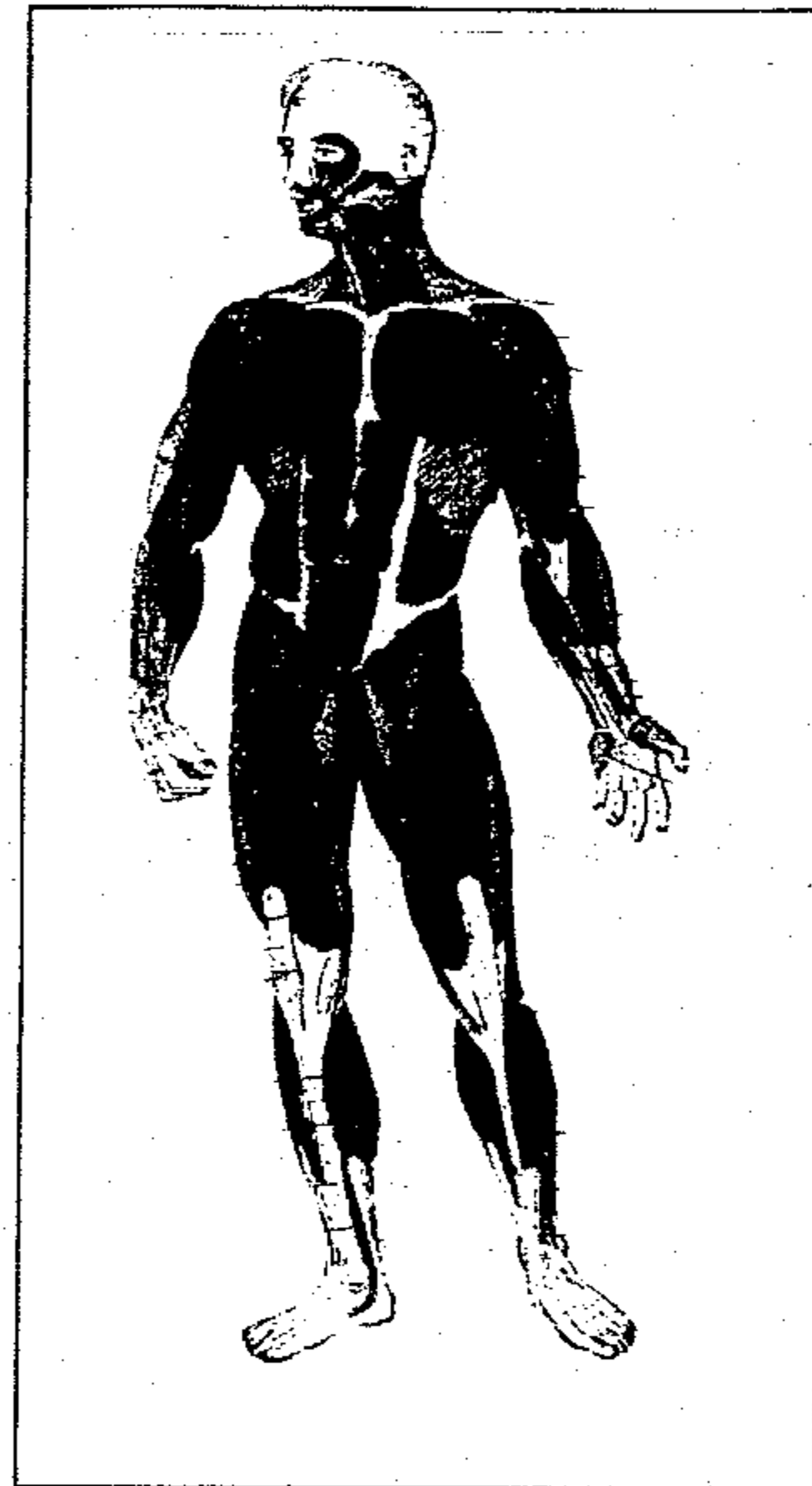
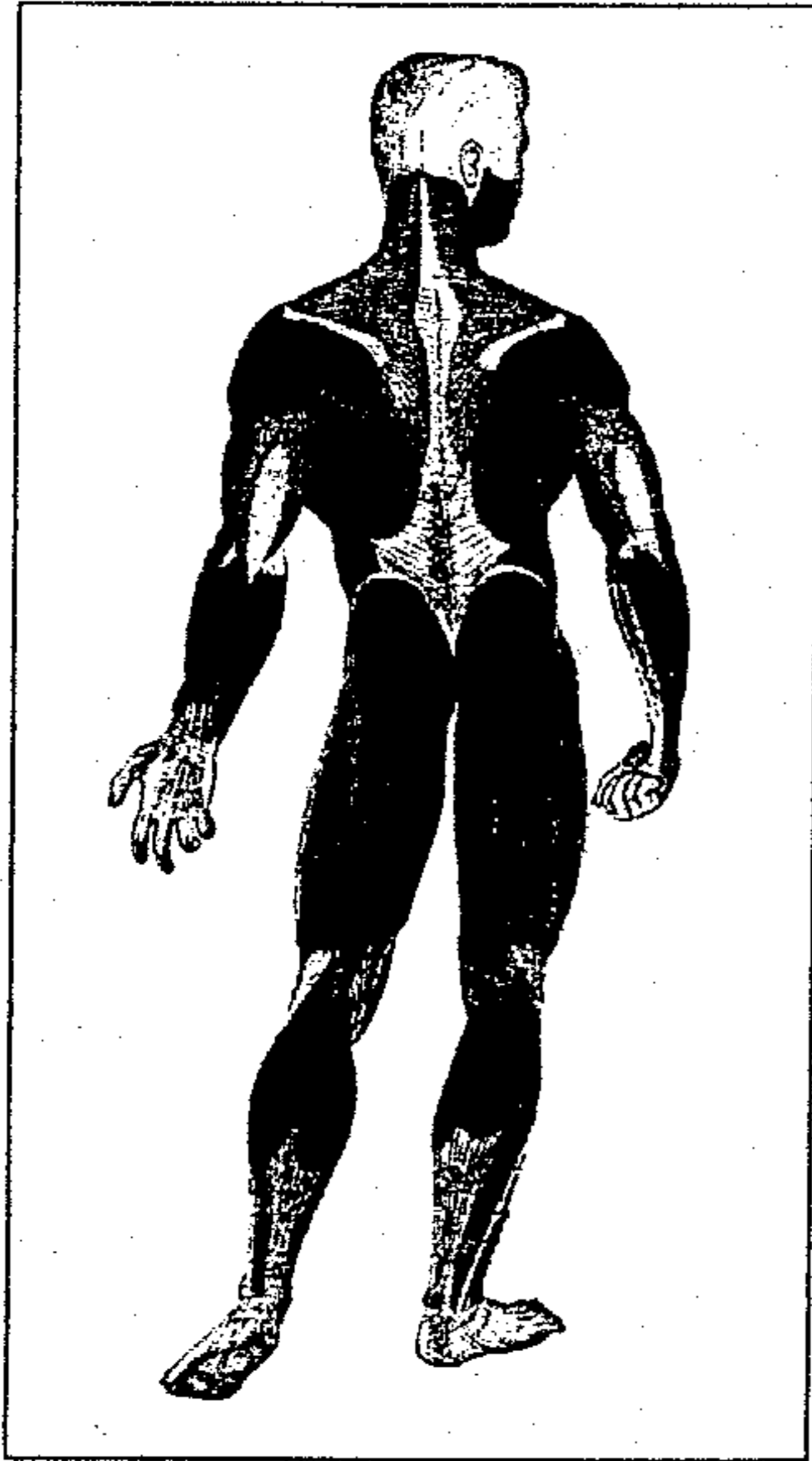


Please number the areas of the body that you have had injuries, accidents, and surgeries?



Please explain...

No	Year	Description
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

I certify that the above information is true and accurate to the best of my knowledge.

Signature of Client

Date

Signature of Client or Guardian if under 18 yr. of age

Date