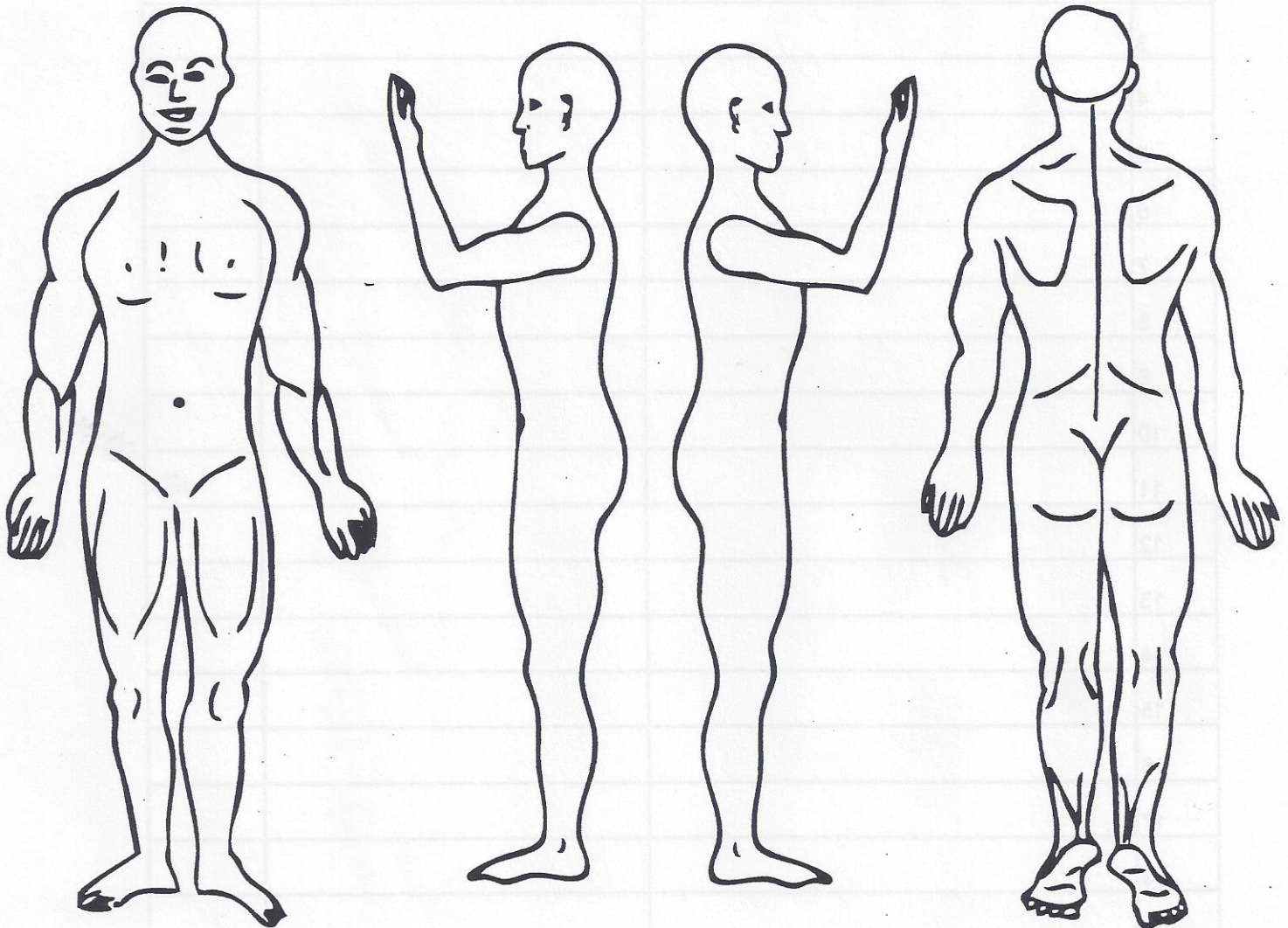


# Scar/Trauma Chart

Name: \_\_\_\_\_

Date: \_\_\_\_\_



## ***Directions***

**All Scars.** Please draw a red line on the drawing where you have scars, even if they are very old. Don't forget C-sections, vaccination scars, episiotomies, surgeries, earring puncture holes, tattoos, facelift scars, vasectomies, all injection sites (no matter how long ago), old burn areas, etc.

**All Trauma Areas.** Please put a red X where you have had trauma even if it is very old. Don't forget previous sprains, burns, falls, whiplash (from auto accidents), radiation, etc.

**Internal Metal:** Please draw a circle on the drawing if you have any type of internal metal objects, such as a surgical steel pin, metal plate, hip replacement, surgical wire mesh, etc.

**Date of injury and type of injury.** Draw a line from each of the above injury areas and print the type of injury and approximate date of injury. (For example, draw a line from a shoulder trauma area and print "car accident, 1988.")

Rev. 07-18-07



Patient Name: \_\_\_\_\_

Medication List

	Medication or Supplement	Reason for Taking	Date
1			
2			
3			
4			
5			
6			
7			
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