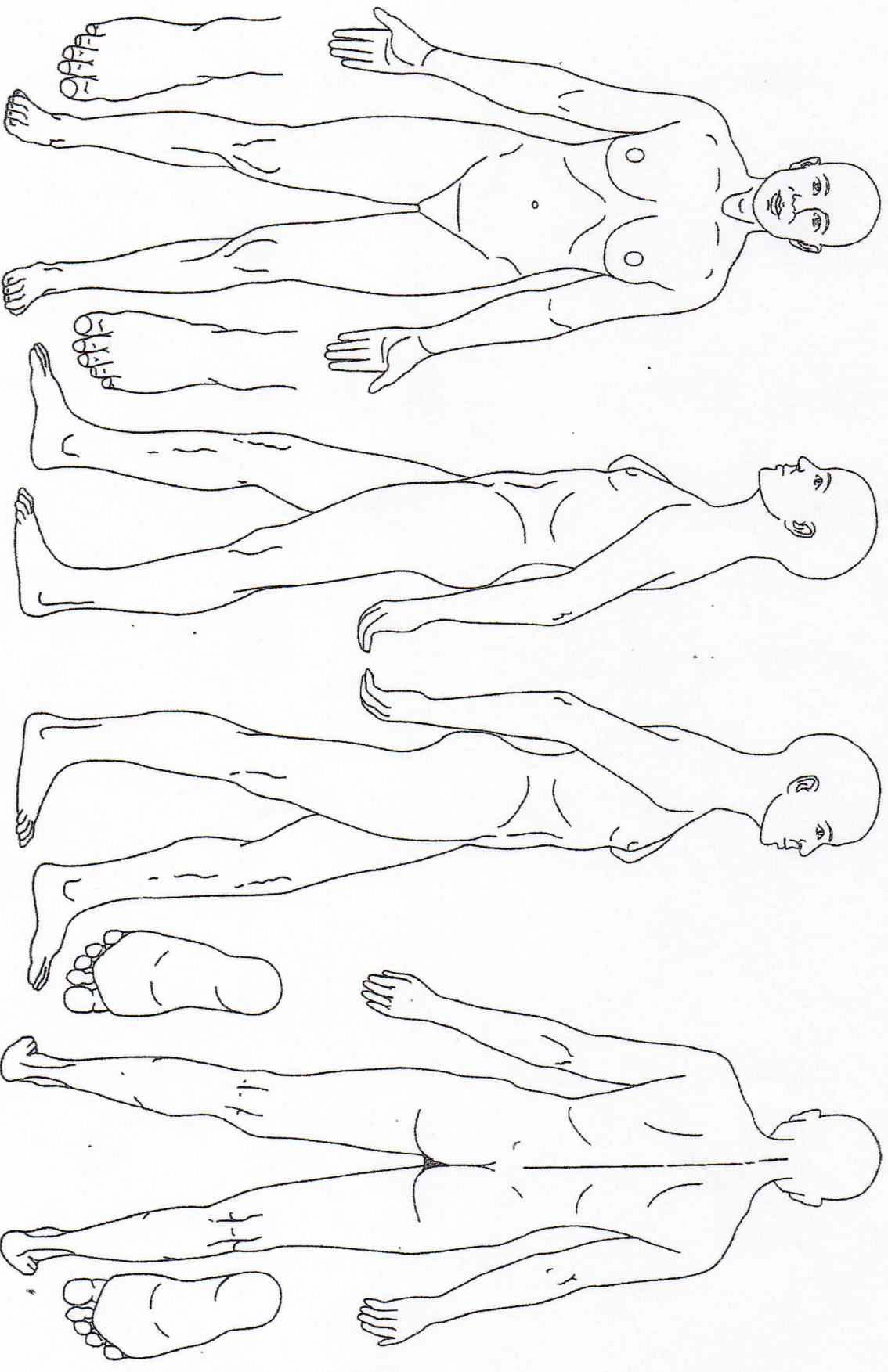


CURRENT SYMPTOM SURVEY

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_



Body map to show areas of pain