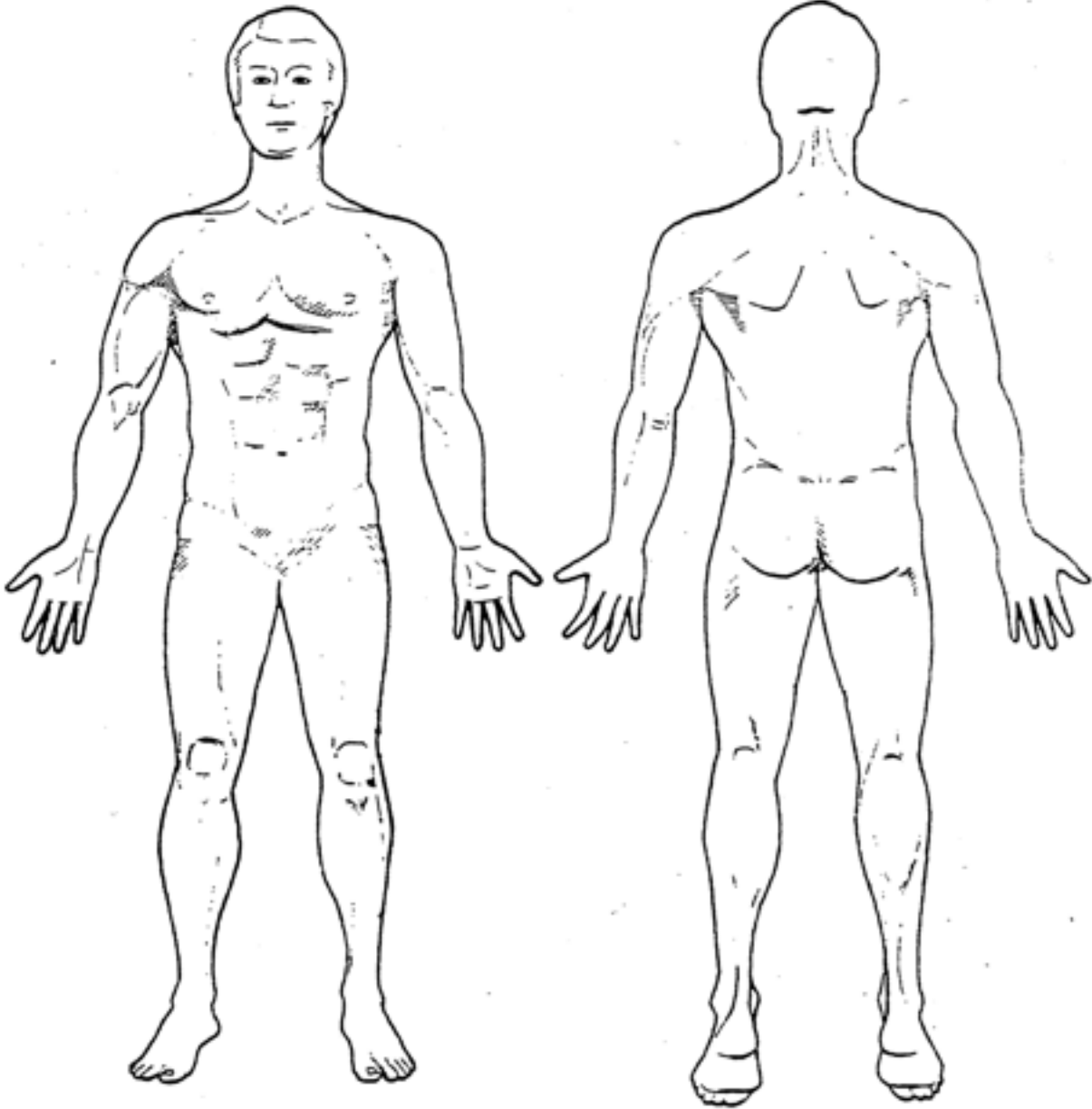


## Being in Balance Physical Therapy

Please indicate the locations of your pain and symptoms with the following letters:  
pain (P), numbness or tingling (N), weakness (W), scars (S)



\_\_\_\_\_  
client name

\_\_\_\_\_  
date