Select affected body part(s) from list below:

|  |
| --- |
| **BACK of BODY** |
| [ ]  **Left Side of Body** | [ ]  **Right Side of Body** |
| [ ]  | HEAD |
|[ ]  NECK |
|[ ]  BACK |
|[ ]  SHOULDER |
|[ ]  UPPER ARM |
|[ ]  ELBOW |
|[ ]  FORE ARM |
|[ ]  WRIST |
|[ ]  HAND |
|[ ]  FINGERS |
|[ ]  HIP |
|[ ]  BUTTOCK |
|[ ]  HAMSTRING |
|[ ]  BACK OF KNEE |
|[ ]  CALF |
|[ ]  ANKLE |
|[ ]  SOLE of FOOT |

