

Old Injury / Infection Worksheet

Name: _____

Date: _____

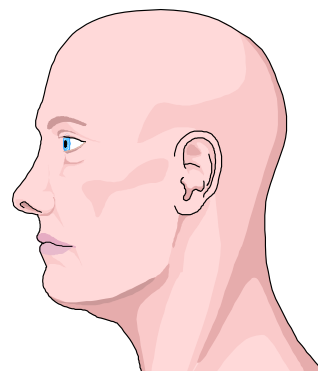
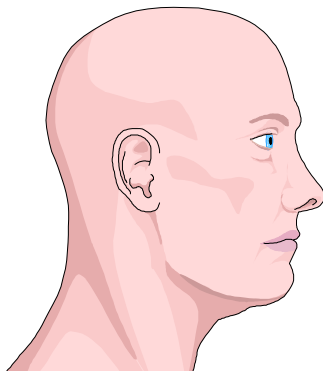
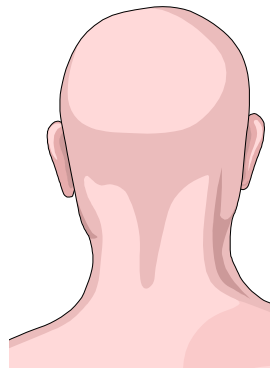
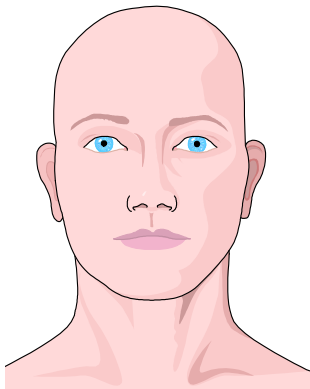
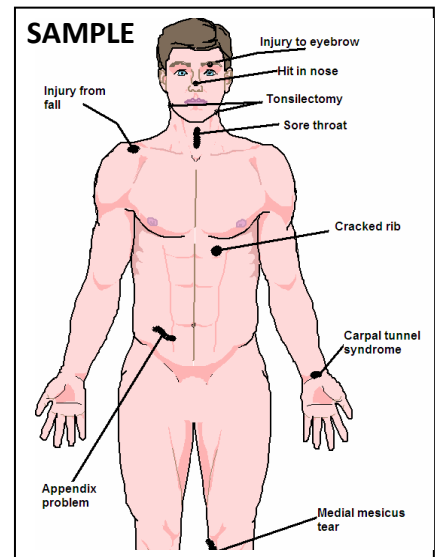
1) Check below areas that you have had trouble with:

- | | |
|---|--|
| <input type="checkbox"/> Tonsils / Adenoids (removal or infection) | <input type="checkbox"/> Gallbladder (removal or infection) |
| <input type="checkbox"/> Sinus (sinus infection) | <input type="checkbox"/> Back surgery (fusion, rod placement, discectomy, etc) |
| <input type="checkbox"/> Throat (sore throat or strep throat) | <input type="checkbox"/> Hip replacement (right, left, or bilateral) |
| <input type="checkbox"/> Larynx (laryngitis or surgery) | <input type="checkbox"/> Rotator cuff surgery (right, left, or bilateral) |
| <input type="checkbox"/> Bronchial tubes (asthma or bronchitis) | <input type="checkbox"/> Knee replacement (right, left, or bilateral) |
| <input type="checkbox"/> Appendix (appendicitis) | <input type="checkbox"/> Hysterectomy (partial, complete, endometriosis) |
| <input type="checkbox"/> Breasts (implants, reconstructive, cyst removal, etc.) | <input type="checkbox"/> Ovaries (right, left, both) |

2) Label, draw, or shade any AREAS of old injuries you sustained or pain you have (hint: if you can remember it, list it)

DO NOT simply circle the examples. Please list on the pictures provided the location and label for what you have

Examples: scars; whiplash from auto accident, carpal tunnel syndrome, injuring neck or chin hitting dashboard, head injury; blows to the body from falls or hits (e.g., falling on your tail bone, being hit in the nose or on the head); surgeries (not listed above), broken bones (e.g., broke rib, toe, arm); muscle, tendon or ligament tears; organs removed, vaccinations, tattoos, etc.



--OVER--

Old Injury Continued

