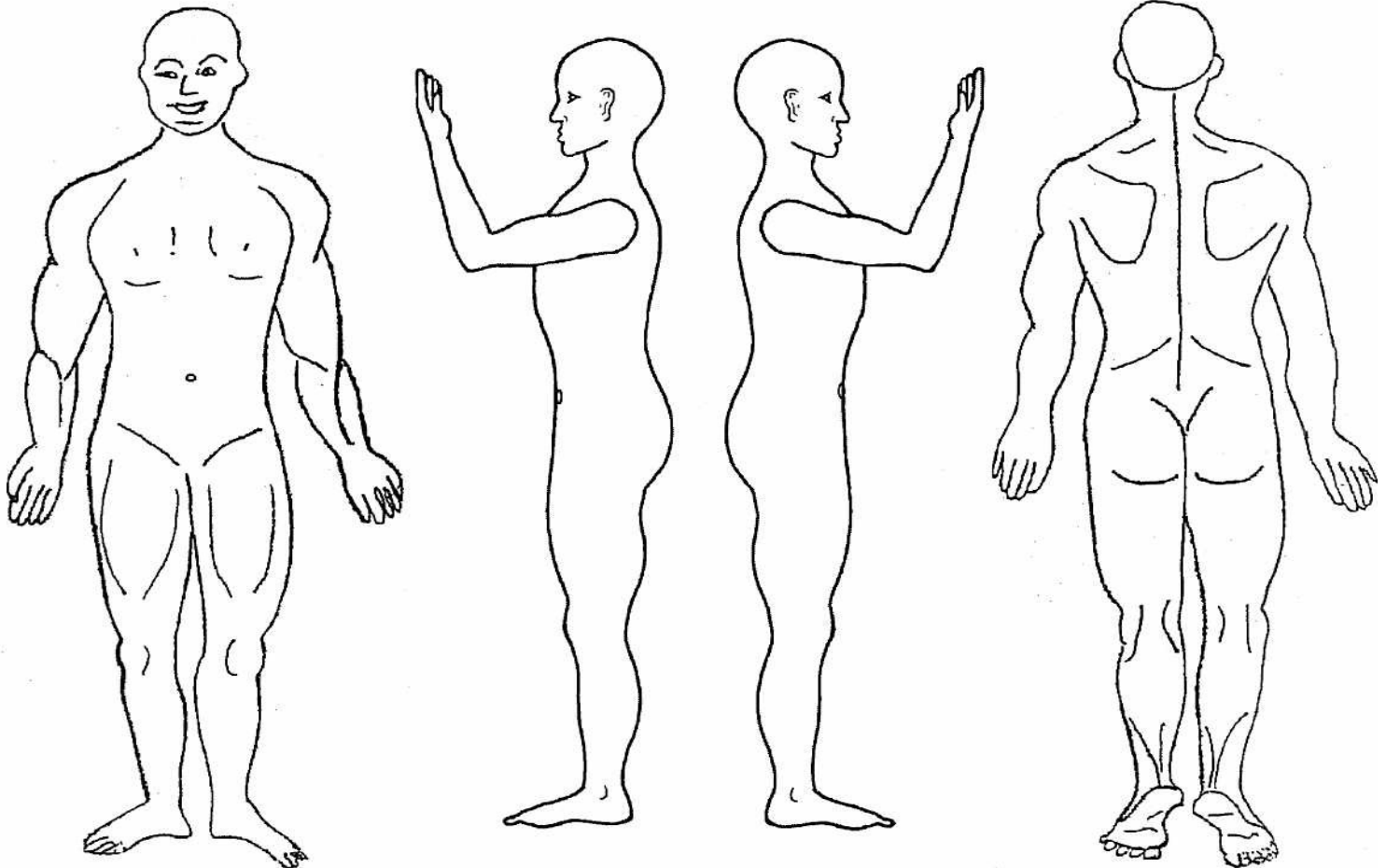


# Scar/Trauma Chart

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

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



## Directions

**Scars, Traumas, Injuries** – Label each, even if old, print the approximate date of each. Don't forget C-sections, vaccination scars, episiotomies, surgeries, earring puncture holes, tattoos, facelift scars, vasectomies, Lasix, etc.

Please include any previous breaks, bad 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. Please indicate the type of metal.