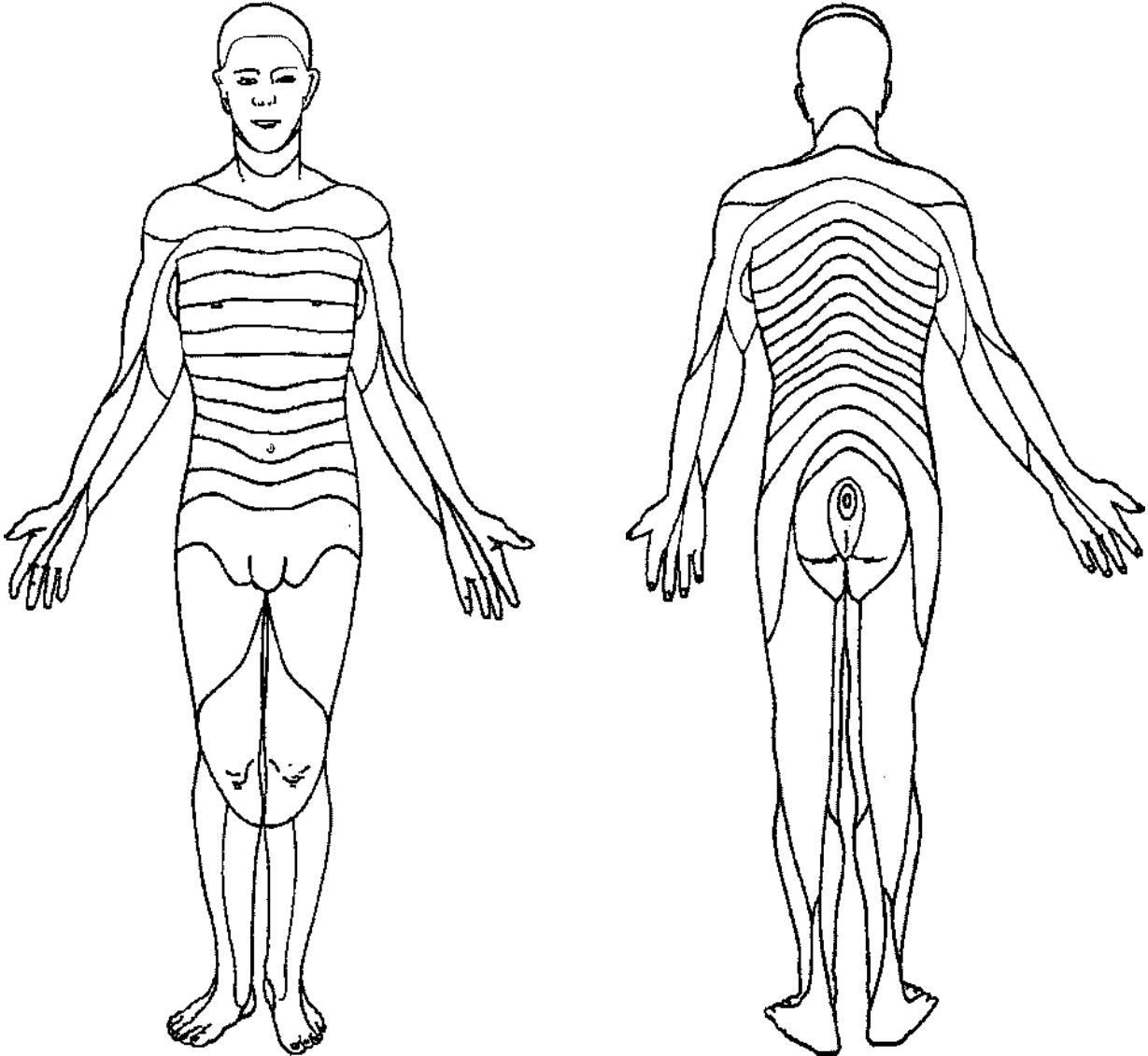


Pain Diagram

Please mark your pain on the diagram below with a pen.



Privacy Consent ALL PATIENTS PLEASE READ AND SIGN

- That personal information given by me will be used to provide appropriate health care.
- This information will be stored according to the requirements of Federal Privacy legislation and disclosed to other professionals and organisations when it is necessary for my care.
- I agree for my details to be used anonymously for research and audit purposes.
- I understand that it is my responsibility to pay my account at the time of consultation.

Name: _____

Signature: _____

Date: _____