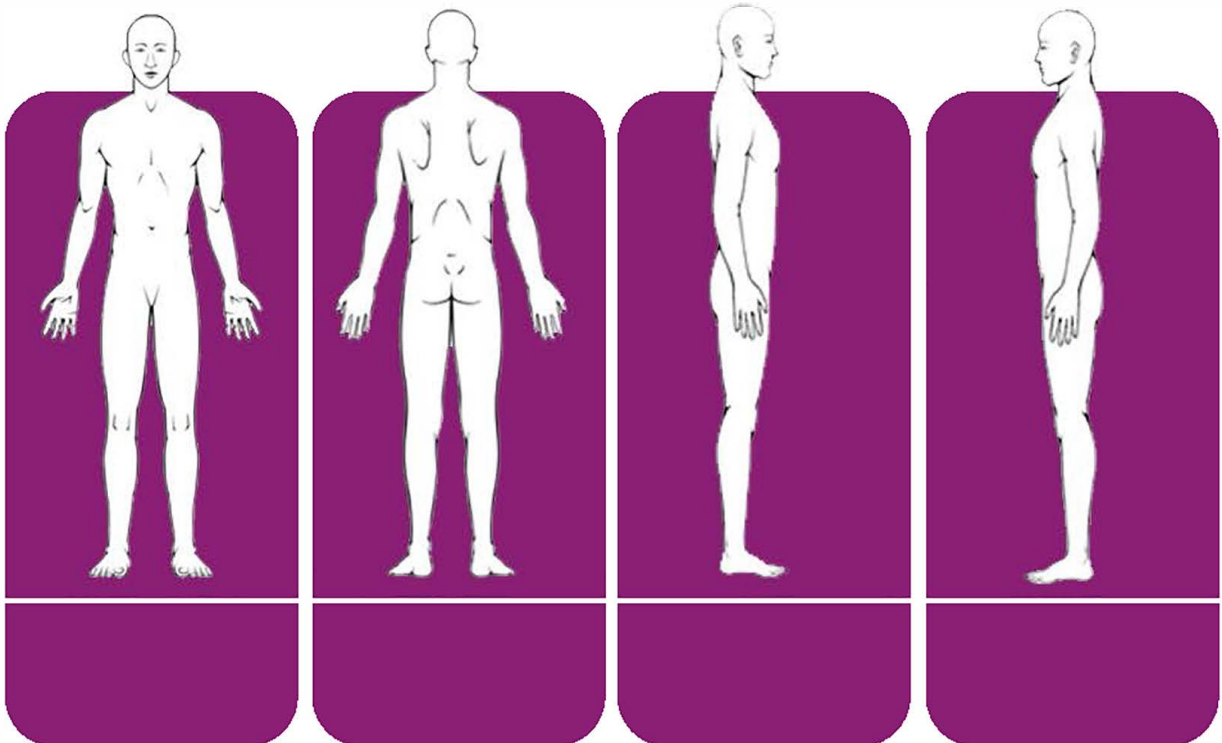


BODY MAP

Client name		DOB	
Date started		Reviewed date	
Product A		Next Review Date	
Product B			
Product C			

DESCRIPTION



BODY PART	COMMENT	DATE
HEAD (forehead, eyes, nose, jaw lips - Please specify		
NECK		
SHOULDERS		
ARMS		
HANDS		
CHEST		
ABDOMEN		
GROIN/PENIS/TESTICLES Please specify		
THIIGHS		
KNEES		
LEGS		
ANKLE		
FEETS		
SOLES		
BACK		
WAIST		

Assessed By:

Date:

Sign: