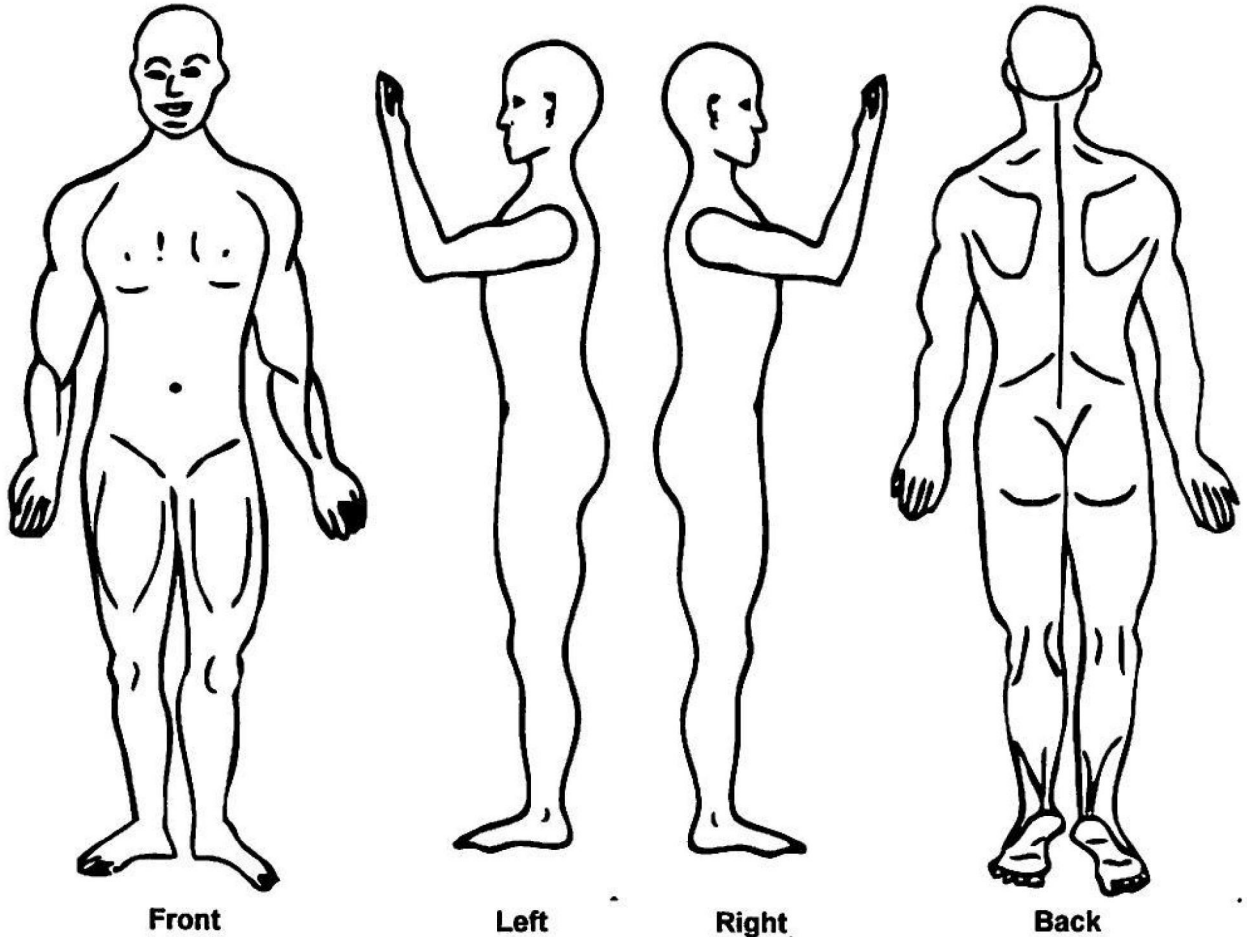


# Pisker Family Chiropractic & Wellness Center

## Scar/Trauma Chart

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

### Interference Fields: Scars/Trauma Areas



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

**Directions: Scars-** please draw a line on the diagram where you have scars, even if they are very old. Don't forget C-sections, vaccination scars, episiotomies, surgeries, piercings, tattoos, facelift scars, vasectomies, all injection sites, old burn areas, etc.

**Trauma Areas-** please put an "X" on any areas where you have had trauma, even if it is very old. Don't forget previous sprains, burns, falls, whiplash, radiation, etc.

**Internal metal-** Please draw a circle over areas where you have any type of internal metal objects, such as a surgical steel pin, metal plate, hip replacement, *surgical wire mesh*, etc.

*Please mark the approximate date of injury for each area marked.*