Body Assessment Form

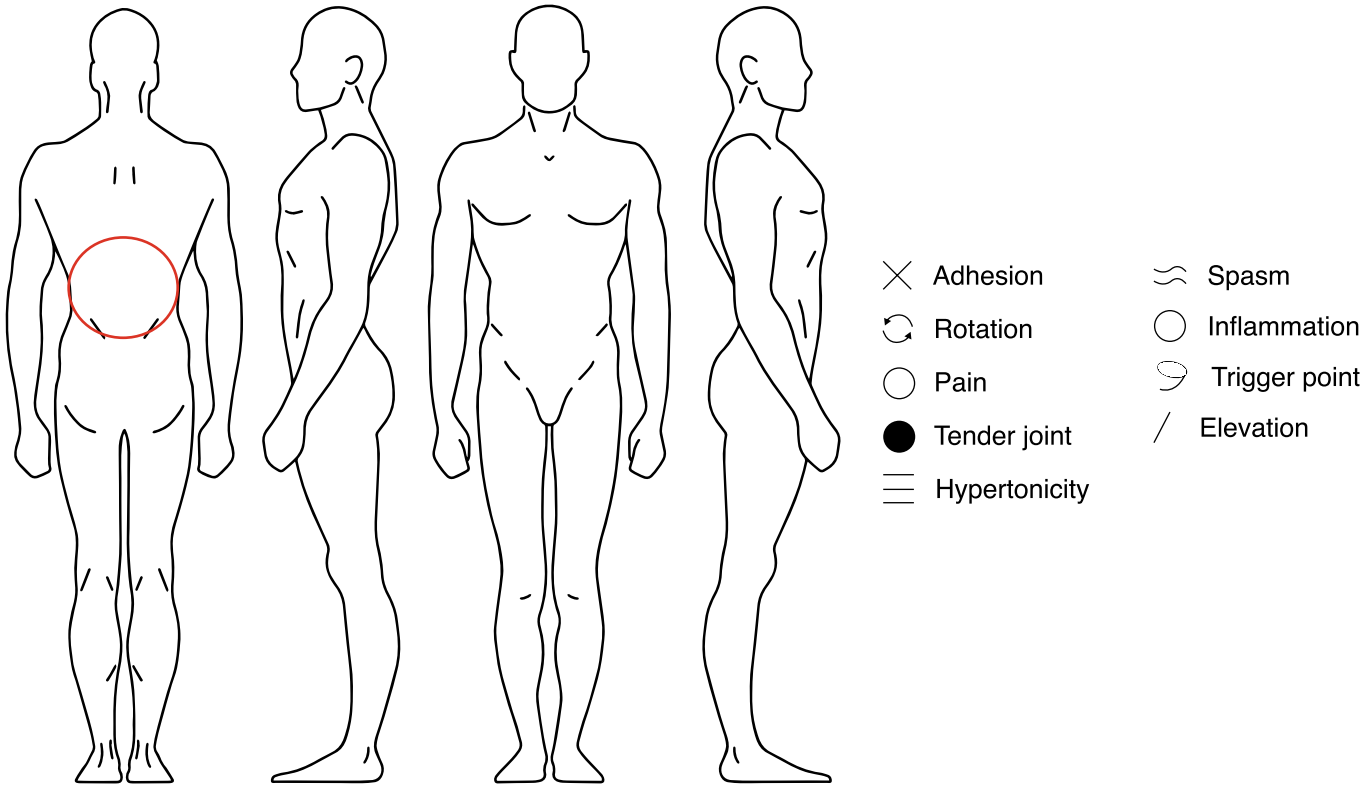
Patient information	
First name: Mark Joseph	**Last name:** Wins
Date of birth: July 3, 1985	**Gender:** Male

Medical history

Please list any medical conditions or health problems you have had in the past or present:

I have had problems with my back for a long time. I work in construction and heavy labor has injured my back. It constantly aches and I find it hard to sleep sometimes.

Please indicate any areas of concern by using the symbols below:



Remarks:

Patient will undergo some series of test to determine the cause.

Clinician name: Julia Raven

Signature: Raven J.	**Date:** October 24, 2024