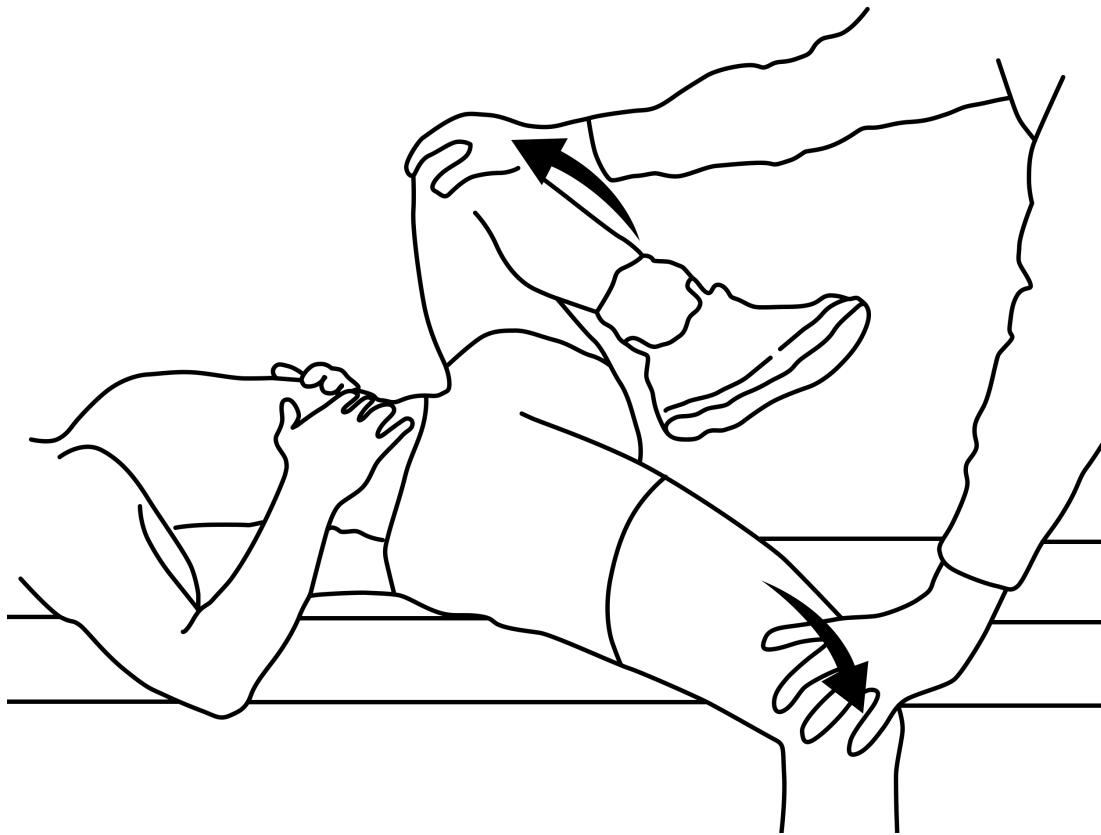


# Gaenslen's Test

<b>Client Information</b>	
Name:	Date of Birth:
Gender:      Male      Female      Other:	
Address:	
Phone Number:	Email:
Date of Consultation:	



<b>Description of the Patient's Condition</b>	

<b>Severity of Pain</b>	

**Recommendation**

**Notes**