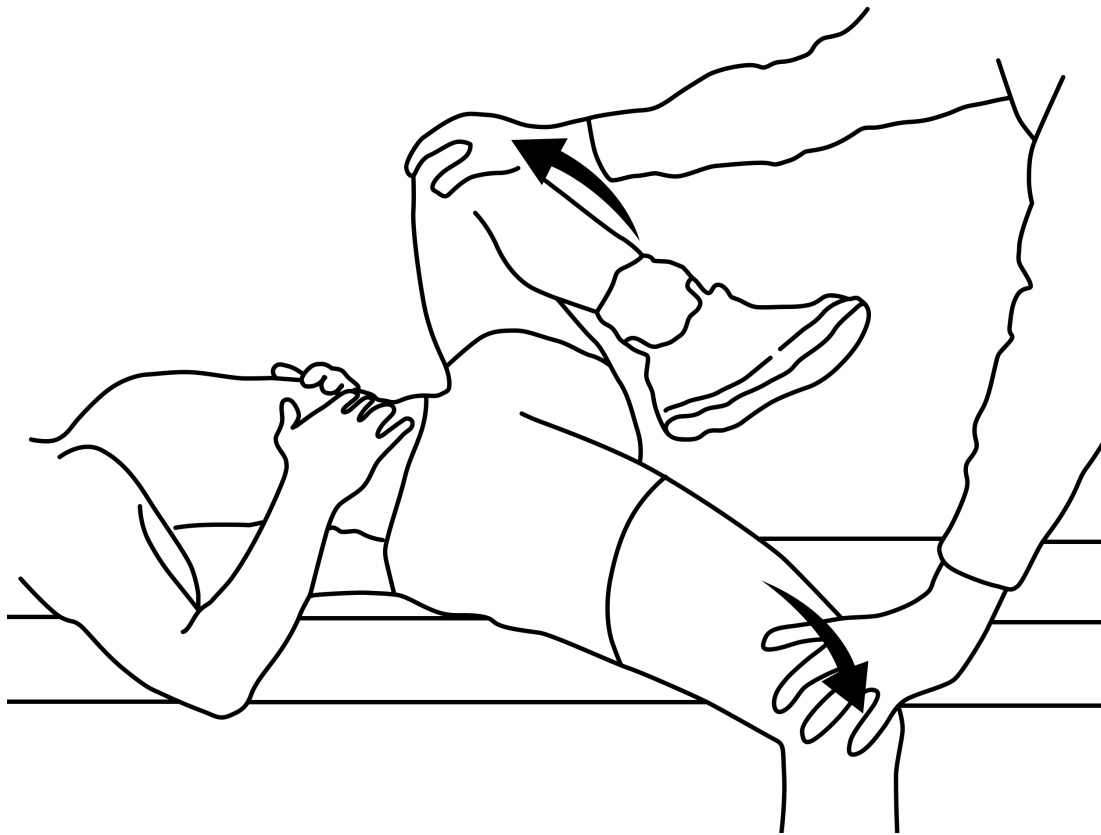


Gaenslen's Test

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



Description of the Patient's Condition	

Severity of Pain	

Recommendation

Notes