

Patient's Name _____

Chart No. _____

Date _____

CIRCLE AREA OF SYMPTOMS (label pain, swelling, weakness, stiffness, numbness, lumps, etc.)

RIGHT

LEFT



LATERAL
(OUTSIDE)

MEDIAL
(INSIDE)

LATERAL
(OUTSIDE)

MEDIAL
(INSIDE)



RIGHT

LEFT

DORSAL
(TOP)

PLANTAR
(BOTTOM)

DORSAL
(TOP)

PLANTAR
(BOTTOM)