

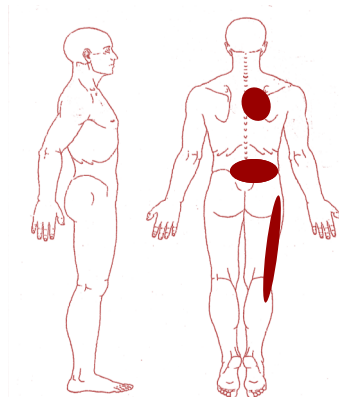
Inner Balance Myotherapy

Pain Chart

Name _____

Date _____

Instructions :Complete "Pain Chart" by filling in any areas on the body below where you have any pain, tightness, numbness or tingling.



Comments _____

RIGHT

LEFT

