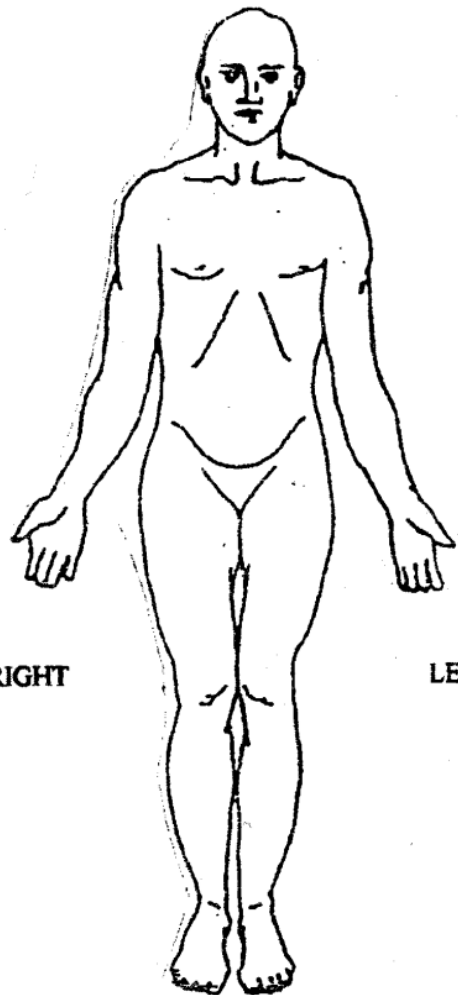
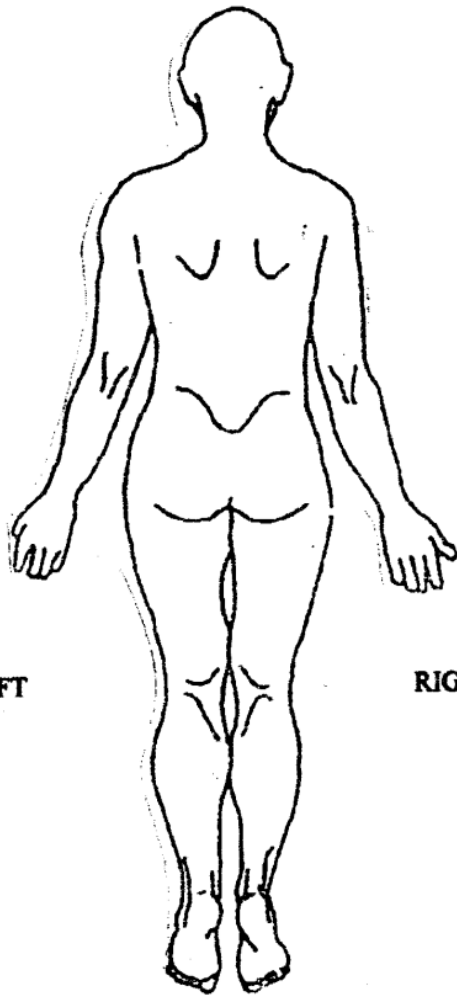


Body Map

A: SERVICE USER PERSONAL DETAILS

Surname:	First Name(s):	Likes to be known as:
Age last birthday:	Date of Birth:	GP:

B: BODY MAP



C: COMMENTS

Signature: _____ Name (PRINT): _____ Date: _____