

Scar Identification Chart

Name: _____ Date: _____

To complete, print this form or edit on your computer via PDF editor (ex: Adobe Acrobat). Please use the following diagrams to mark the location of your scars. Please indicate the following information: Date of Injury, Length & Width of the Scar, Scar details (Color, Raised, Flat, Sensitive to the Touch, Sensitivity during certain conditions, etc.)

Did you have an episiotomy during childbirth? (Circle One) **Yes** / **No**
If so, How many? _____



Please submit this form back to us as an email attachment to: iam@designedforthriving.com
If you printed this document to complete it, please scan or photograph it and attach it that way.
As always, contact us if you have any questions!