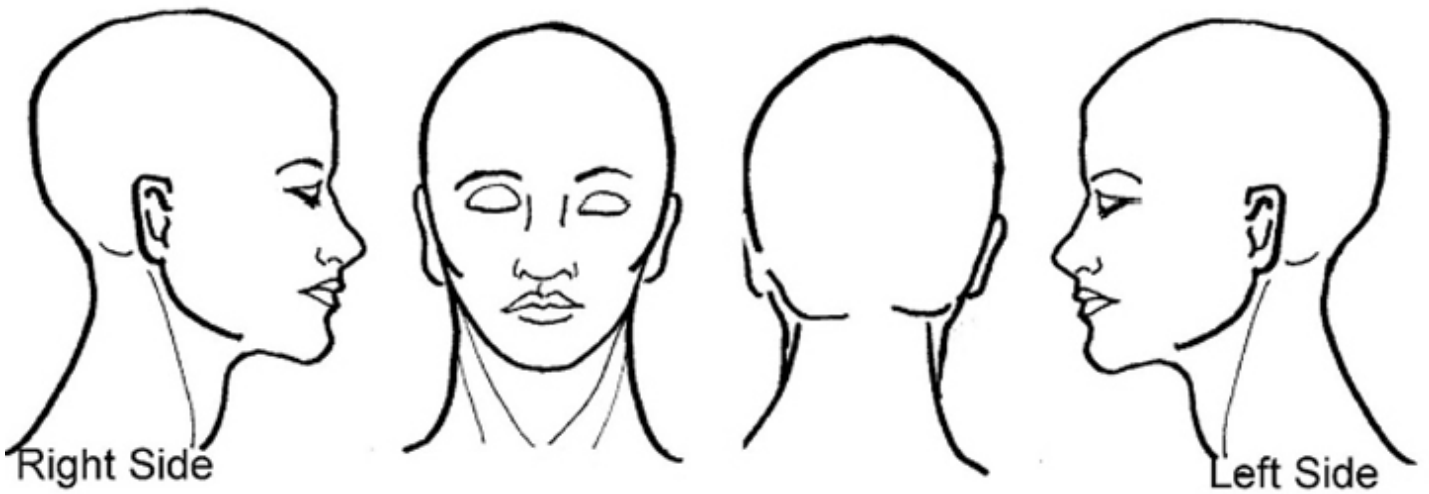


HEAD INJURY DIAGRAM

Patient Name : _____ Date of Birth : _____

If there was an impact to your head - please use this diagram to show 'where' on your head. Use the marks shown below to provide details.

(please take some time and be as accurate as possible)



Scrapes		Bump or Swellings		Cut		Fracture		Point of Greatest Impact	
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