

BODY MAP

Client Name:

Body Map Number Here

Name of person completing:



Signature of person completing:

Time:

Date:

Is this a new injury: Yes No (circle)

Date original incident report and body map sent:

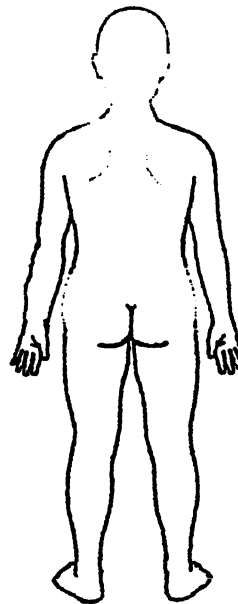
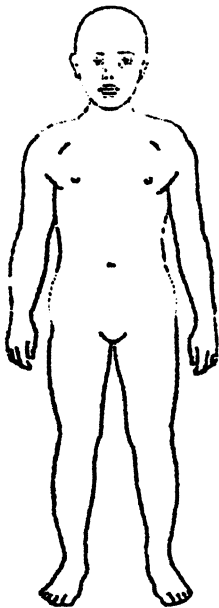
This diagram is designed to record any observable bodily injuries that may appear on client. Where bruises, burns, cuts, or other injuries occur, shade and label them clearly on the diagram

A new body map needs to be completed daily (and numbered) until injury is no longer visible

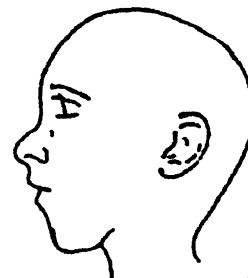
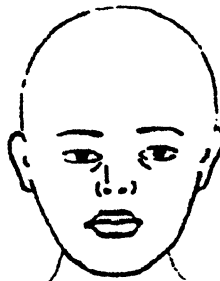
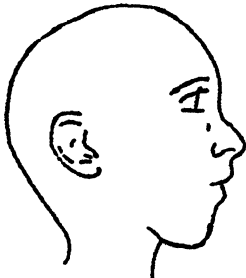
An incident report needs to be completed and sent with the **first** body map only

An injury needs to be reported to the Service Coordinator as soon as identified

An incident report and first body map (1) are to be sent to the management team as soon as possible after the injury has been identified



Face



Comments: