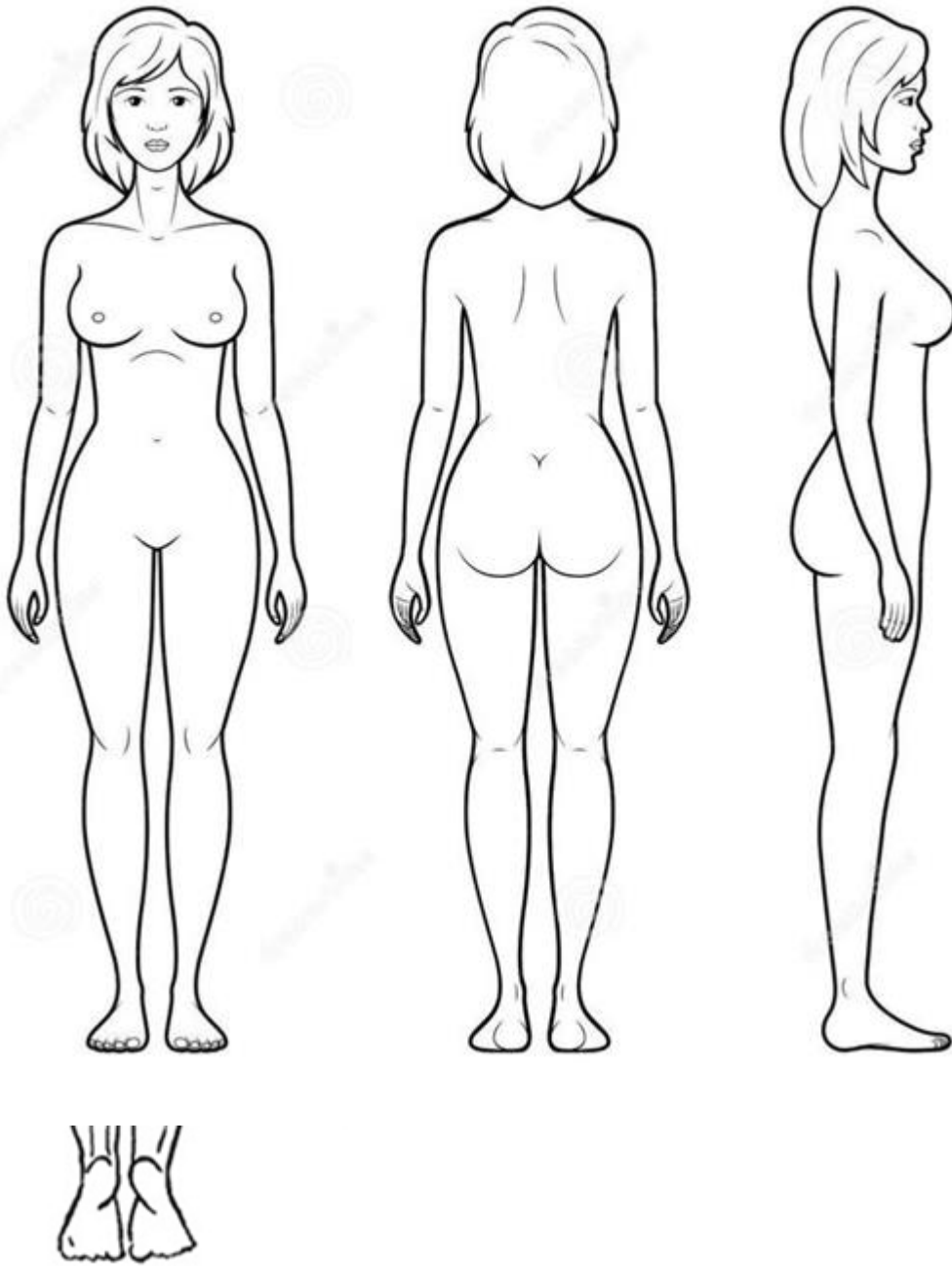


### Body Map – Front / Back/Side/ Underfoot

To be completed on Admission and Discharge



Name of Service user: -

DOB or ID: -

Date and Time of Injury Witnessed:-

Name of Worker:-

Job Title:-

Date and Time Form Completed:-

Signature:

**Body Map – Front / Back/Side/ Underfoot**

To be completed on Admission and Discharge