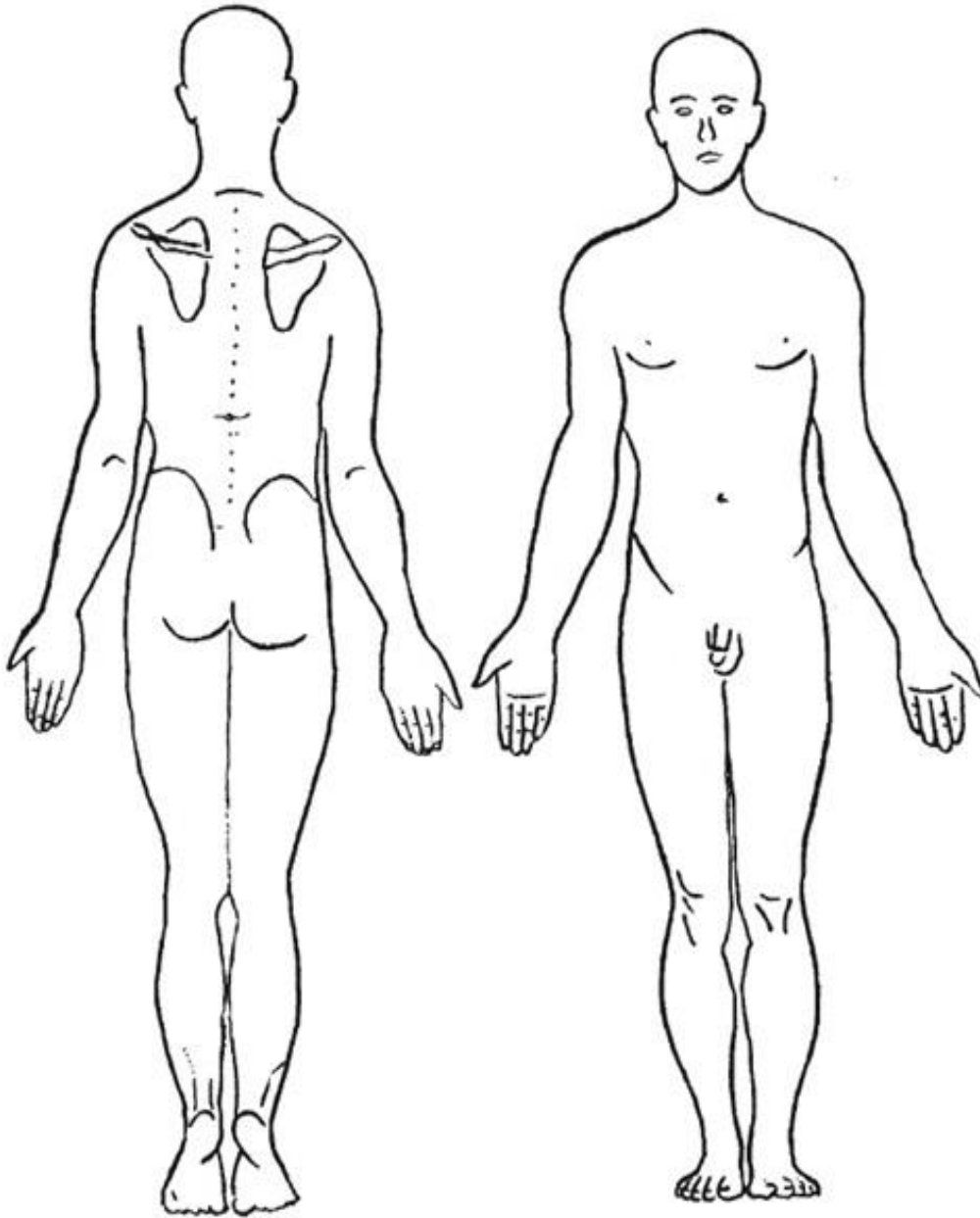


Male Body Map – Front and Back Views

To be completed on admission and discharge



Name of service user:
DOB or ID Code:
Date and time injury witnessed:
Name of worker(s):

Job title(s):
Date and time form completed:
Signature(s):

Note the size and colour of injury:-