

Please note any bruising, scars, red marks, injuries or similar with as much description as possible. Only complete where the injuries are clearly visible or freely shown to you.

**Body Map – This can be printed or photocopied as required.**

*(It is possible to type into electronically but not to highlight the affected area's )*

Adult's name:

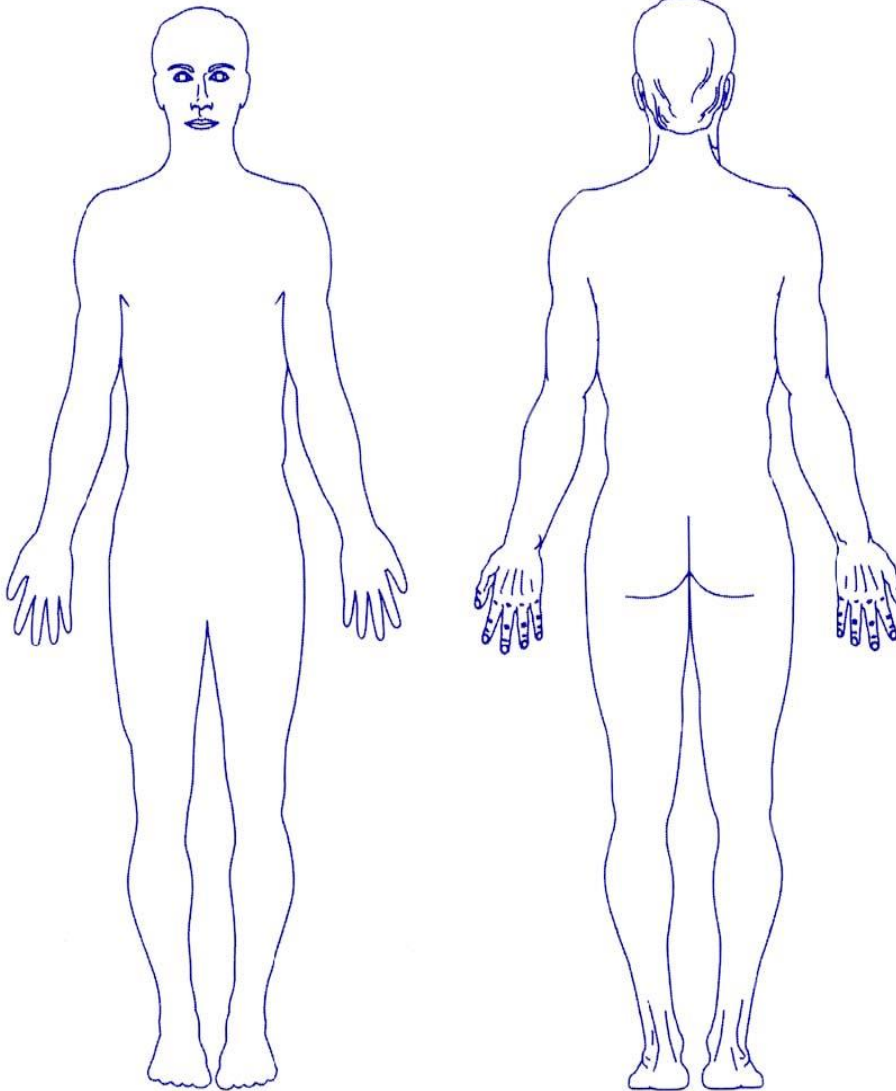
Date of birth:

**Right**

**Left**

**Left**

**Right**



Please mark any noticeable marks that you may have seen on the body of the adult giving rise to this concern .Please describe injury(ies)

Date:

Time:

Name of person completing this form:

Signature:

Position: