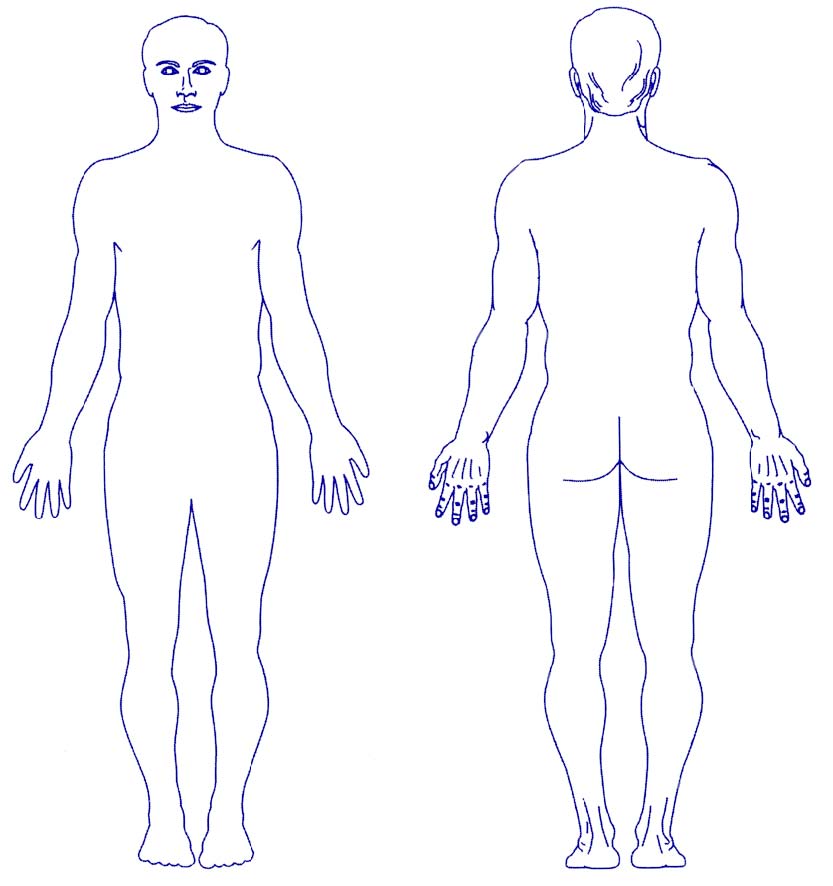
**Body Map – This can be printed or photocopied as required**. *(It is possible to type into electronically but not to highlight the affected area’s )*

**Adult’s name:**   **Date of birth:**   **Case number:**

**Address:**

**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: