

Purpose of this body map

This body map is designed to support professionals to accurately record any concerns about physical abuse particularly if it is felt that the injury is non-accidental or thought to be following a pattern. The body map provides a visual record of physical abuse and helps professionals to work together when deciding whether there is a safeguarding concern. Using a body map does not replace medical advice and so a proper diagnosis of the injury and correct treatment should be sought by a medical professional. The body map is simply a record of what can be seen and what has been said about the injury.

Child's details			
First name		Surname	
Date of birth		Ethnicity	
Physical/ learning difficulty /health conditions		Communication needs	
Sex & Gender identity		Date & time form completed	
Person completing this form			
First name		Surname	
Role		Organisation	
Telephone number		Email address	
Concern:			
Nature of concern/disclosure: (Include any relevant background/ description to any injuries/marks- write here and draw on body map).			
What the child said in their own words:			
What the parent/carer said in their own words: (if applicable)			
Observations made/professional opinions: (Please make distinction between fact and opinion)			

PATIENT

DATE

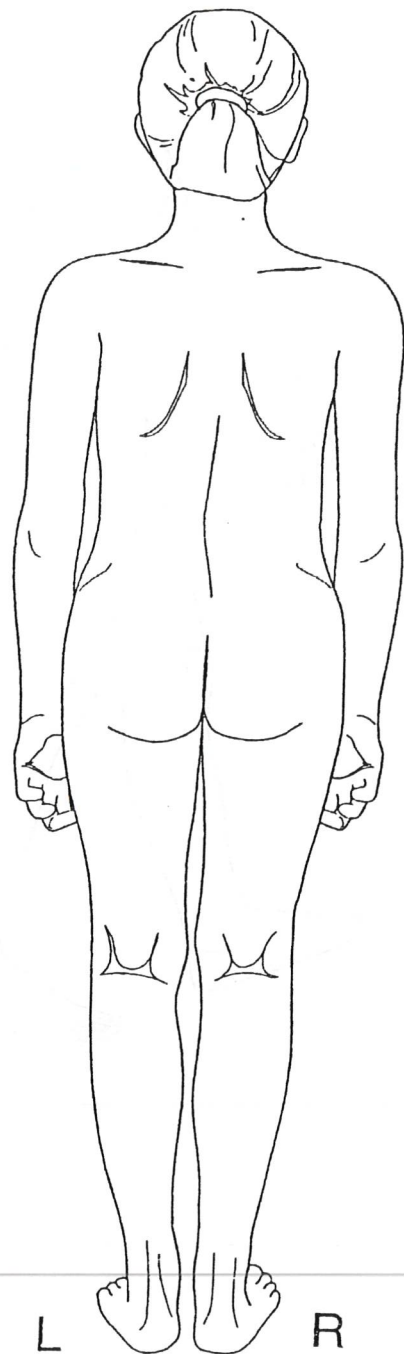
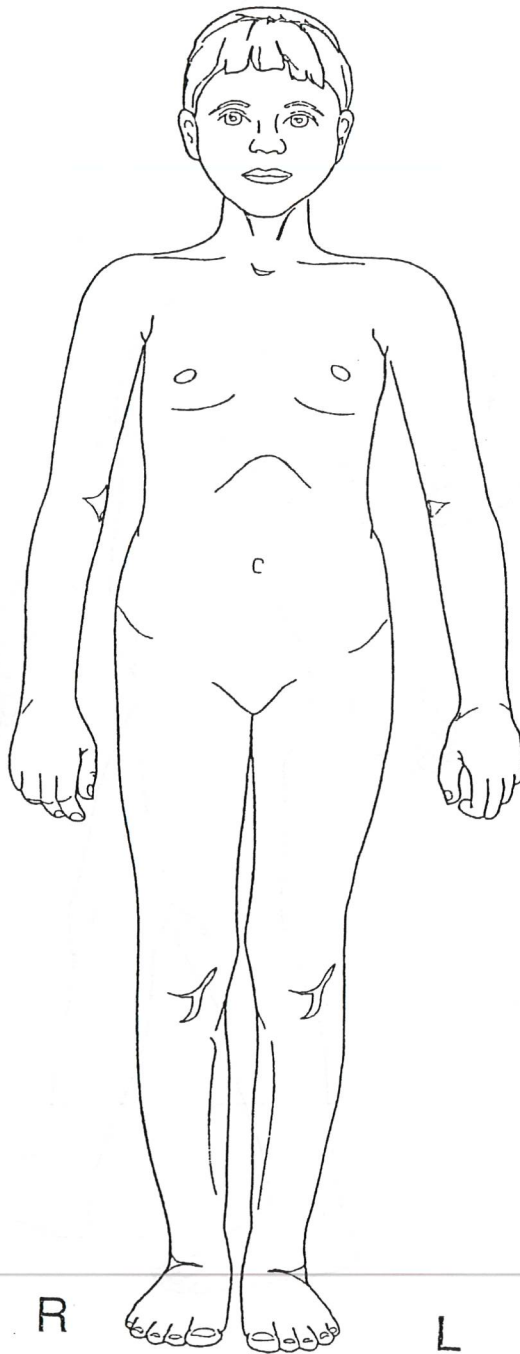
EXAMINER SIGNATURE

HAIR COLOUR:

HAIR STYLE:

EYE COLOUR:

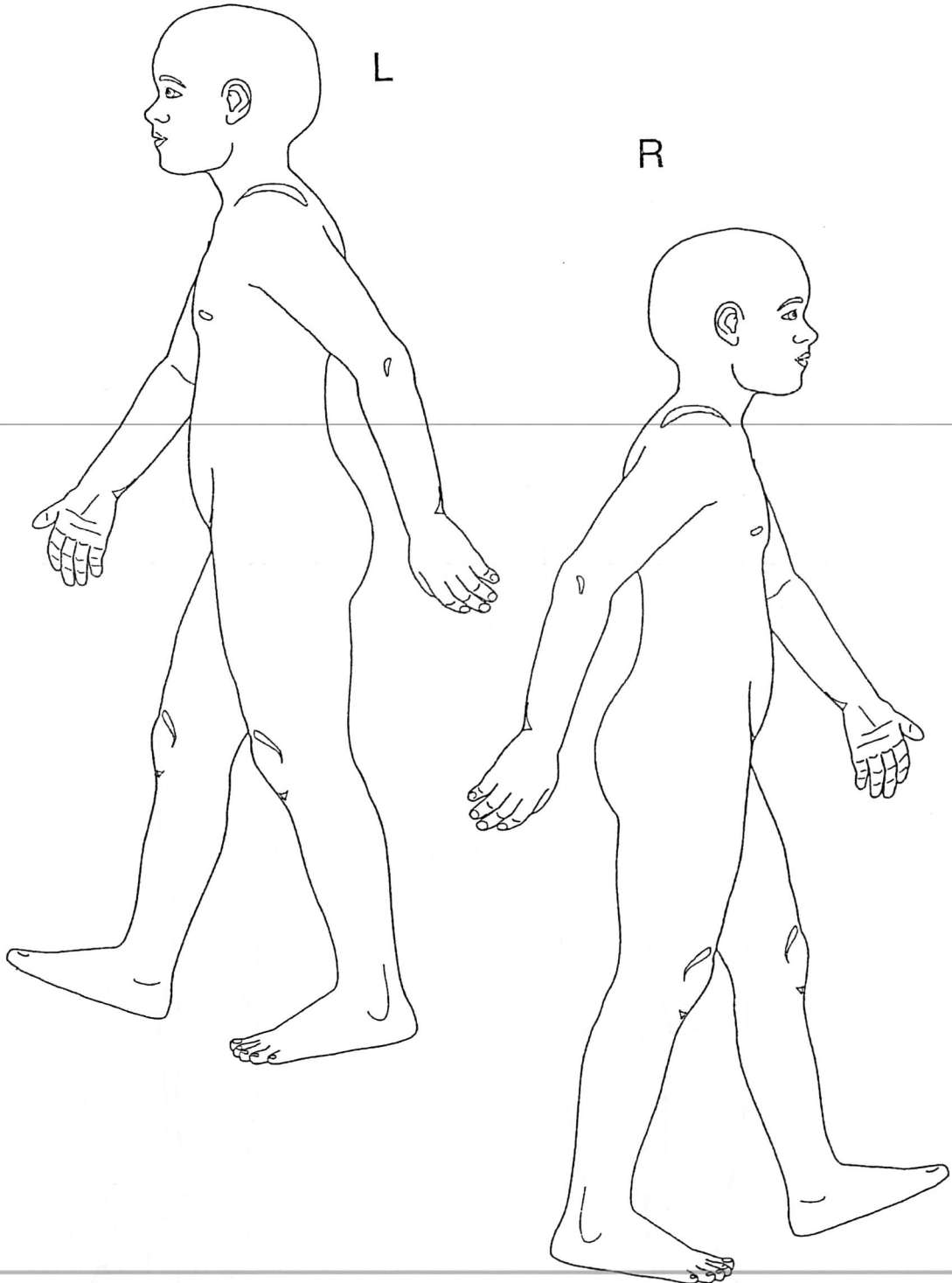
ETHNICITY:



PATIENT

DATE

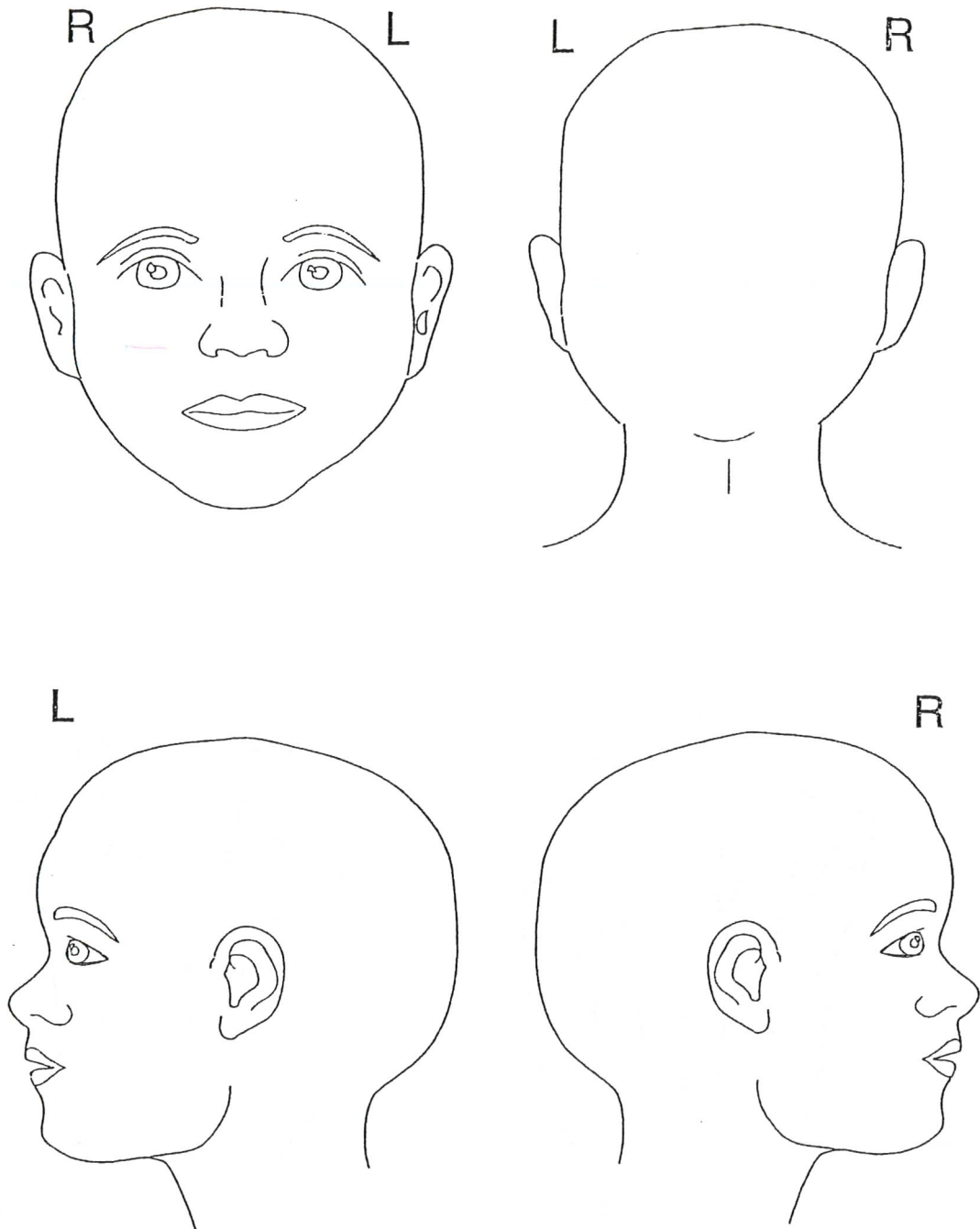
EXAMINER SIGNATURE



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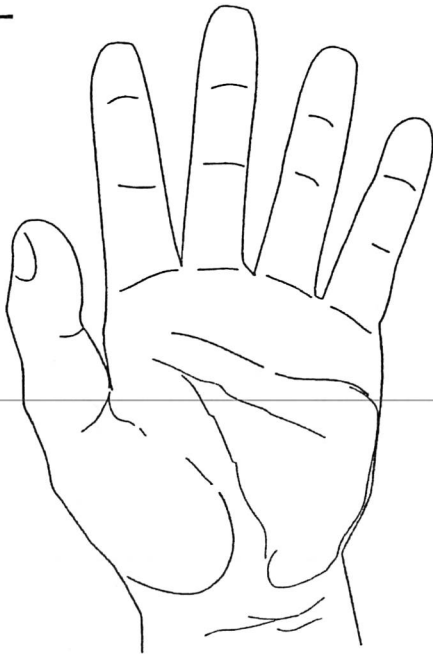


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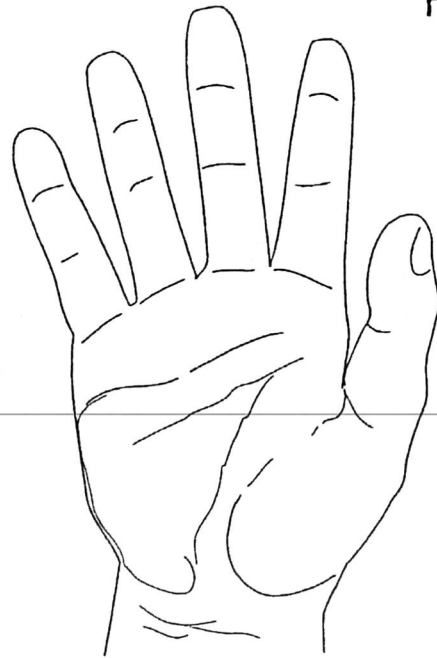
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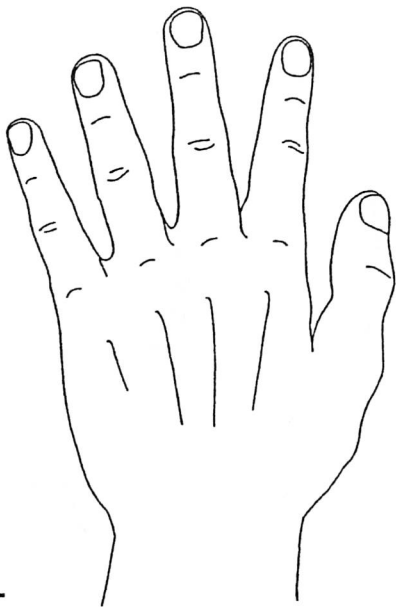
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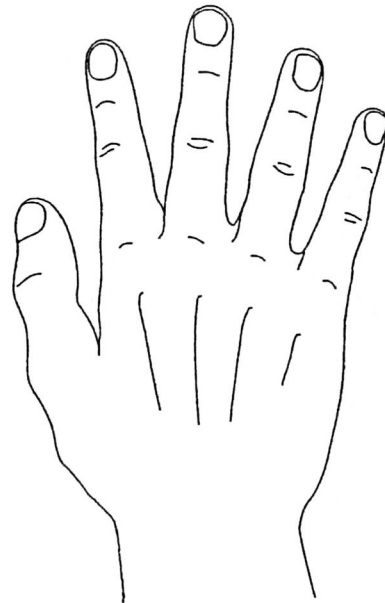
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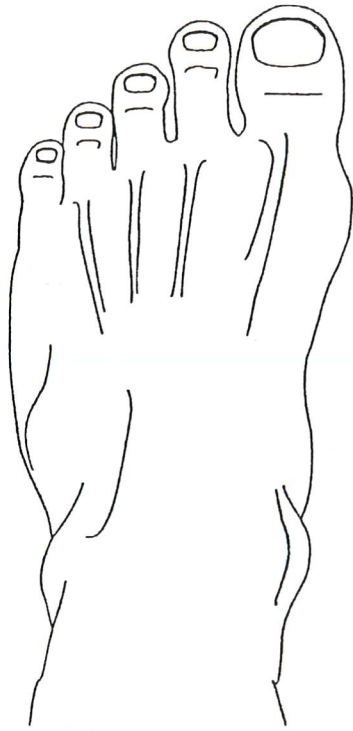


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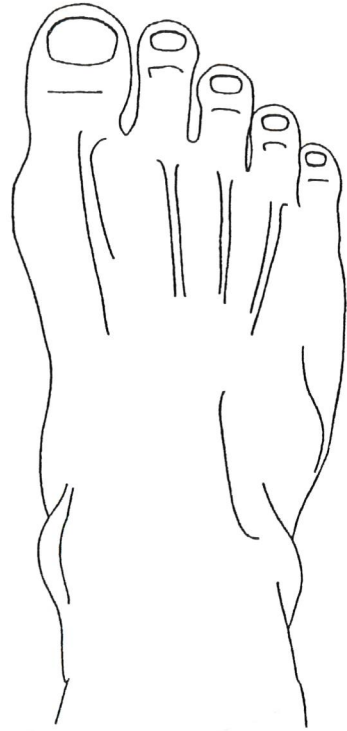
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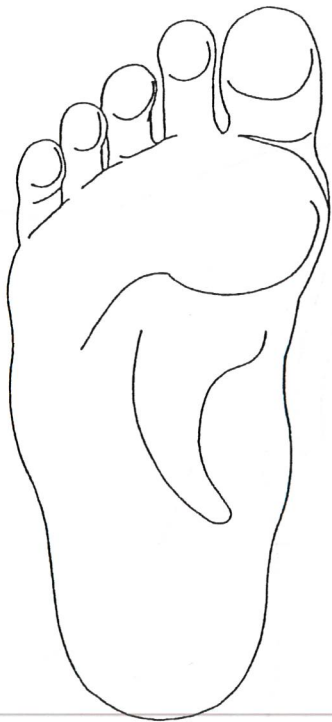
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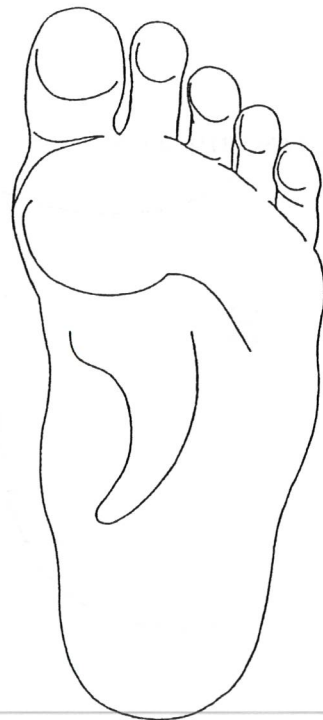
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R

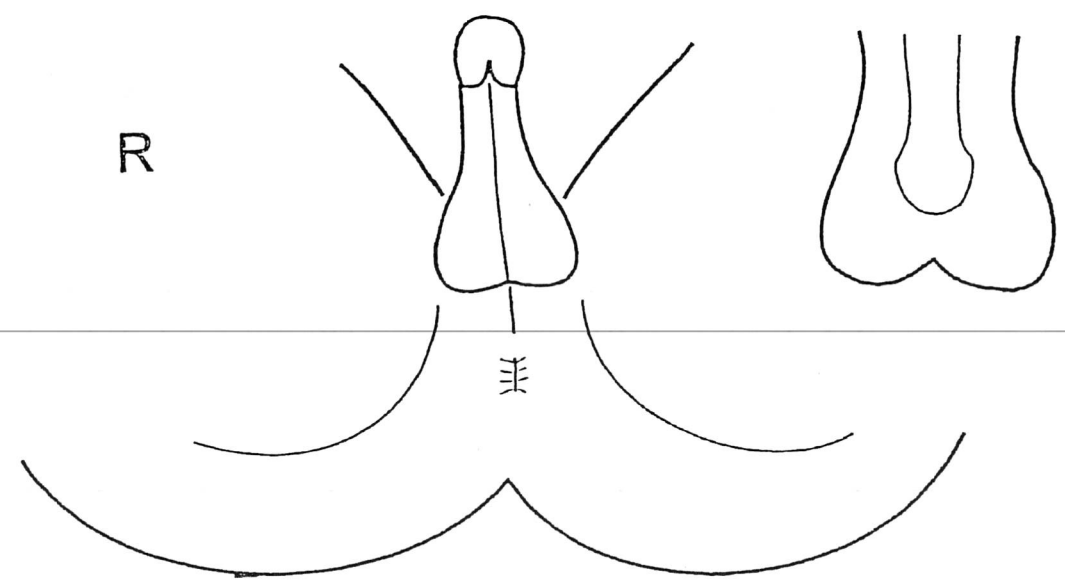


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PATIENT _____ DATE _____ EXAMINER SIGNATURE _____

STAGE OF DEVELOPMENT
BREAST
GENITALIA
PUBIC HAIR



DRAW IN HYMEN AND INTROITUS

