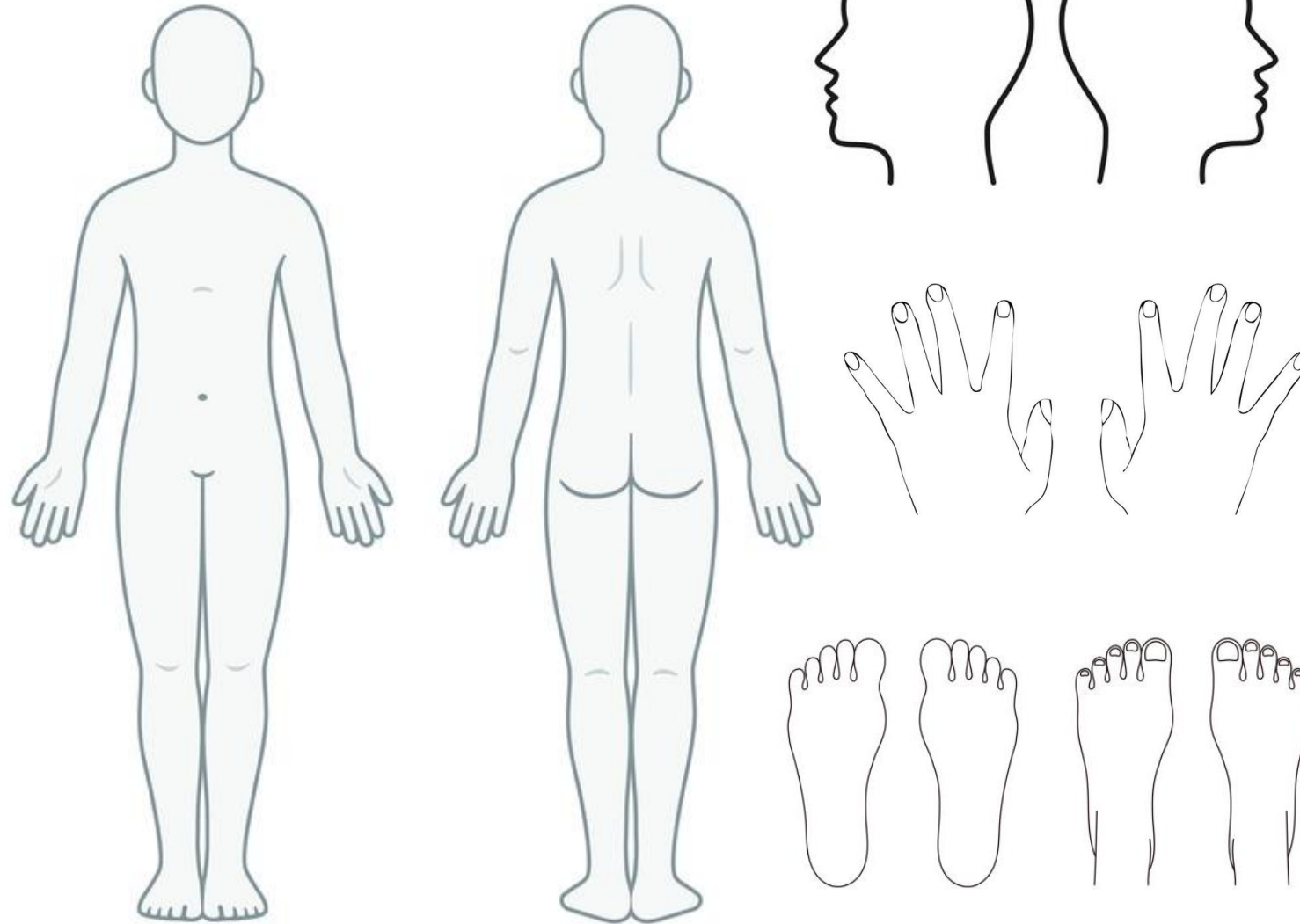


# Body Map Report Form



Name of child/adult at risk & date of birth

Name of person completing form

Date Recorded

Observations