
CONFIDENTIAL WHEN COMPLETED.

This form is for documenting injuries sustained due to suspected abuse. Anyone can complete this form.

Please use the body map to record the location of the injury and description. For example, if a person presents with bruising on their arm, please indicate the position of the bruising and give a brief description of the appearance and colour.

Please ensure that you seek consent from the adult at risk prior to carrying out any examination or taking photographs of injuries. If the Adult at risk lacks capacity to consent to an examination, please follow the principles of the Mental Capacity Act 2005 and ensure that the decision is made in the person's best interests and is the less restrictive option.

(Thanks to the Royal Borough of Kingston Safeguarding Team for supplying the template for this form.)

1. Details about the adult at risk

Name of adult at risk:

ID: Please select

2. Details of person completing body map

Name:

Job title:

Team (if applicable):

Organisation:

Address:

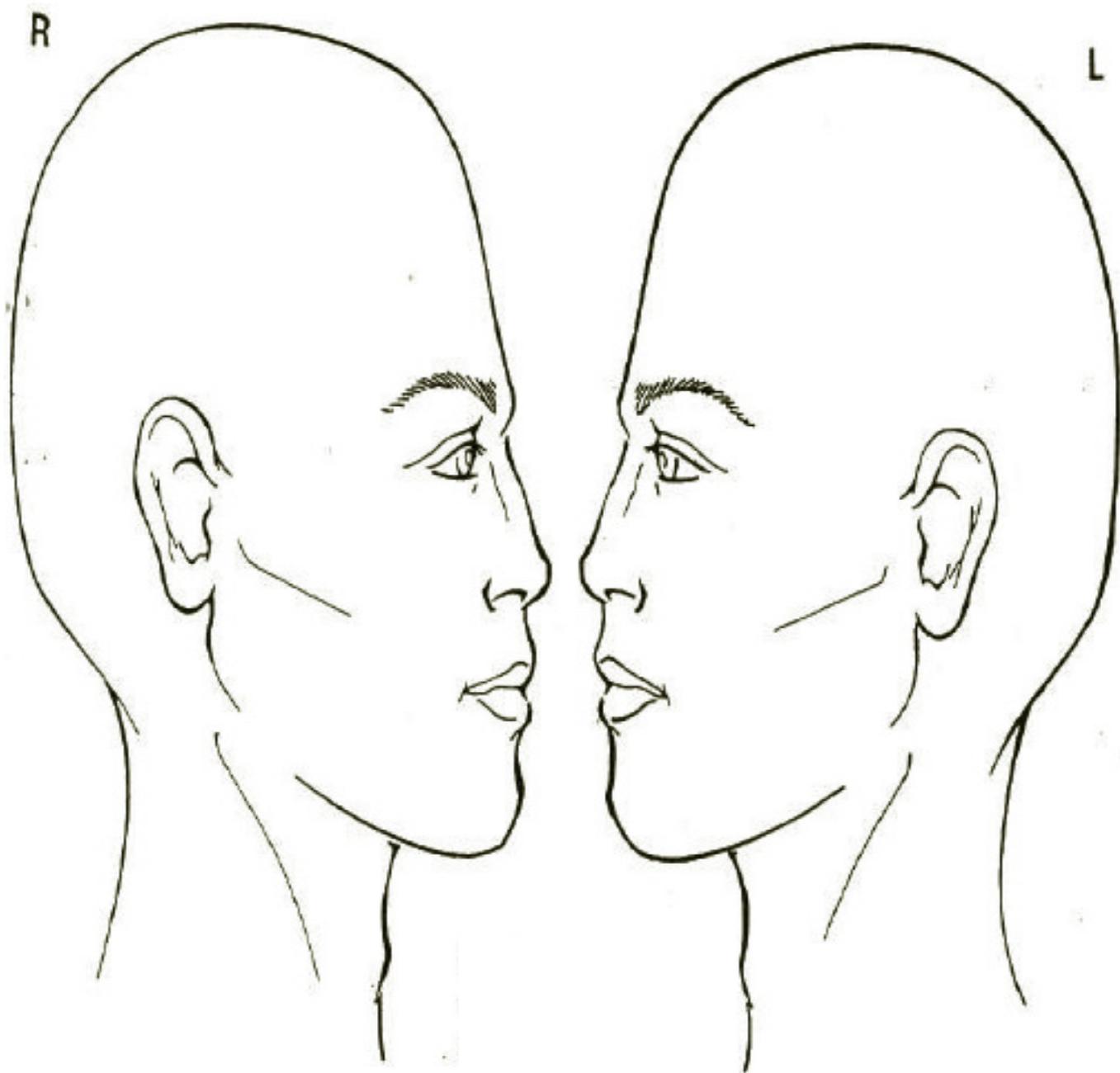
Telephone:

Email:

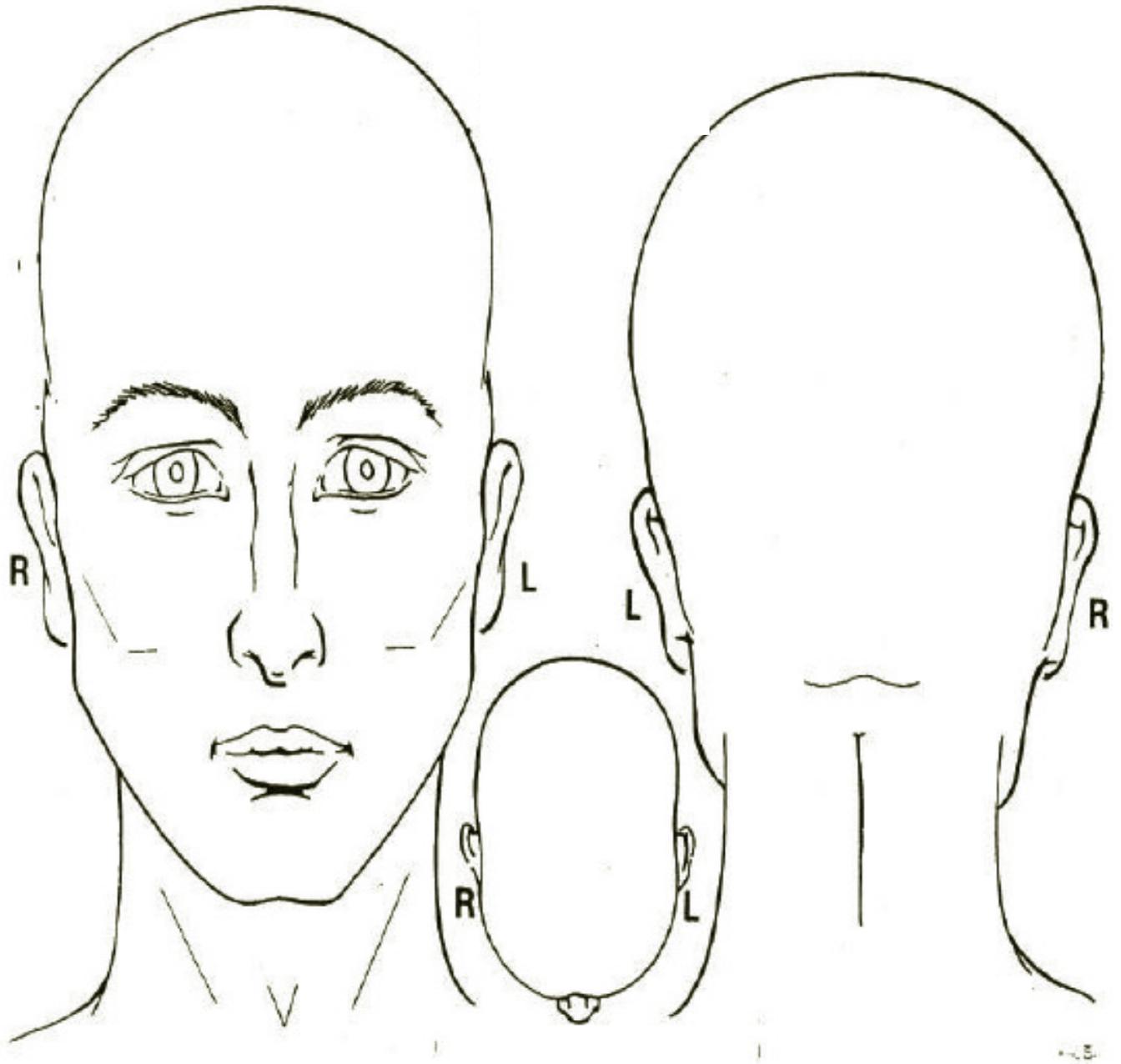
Date completed:

Time completed:

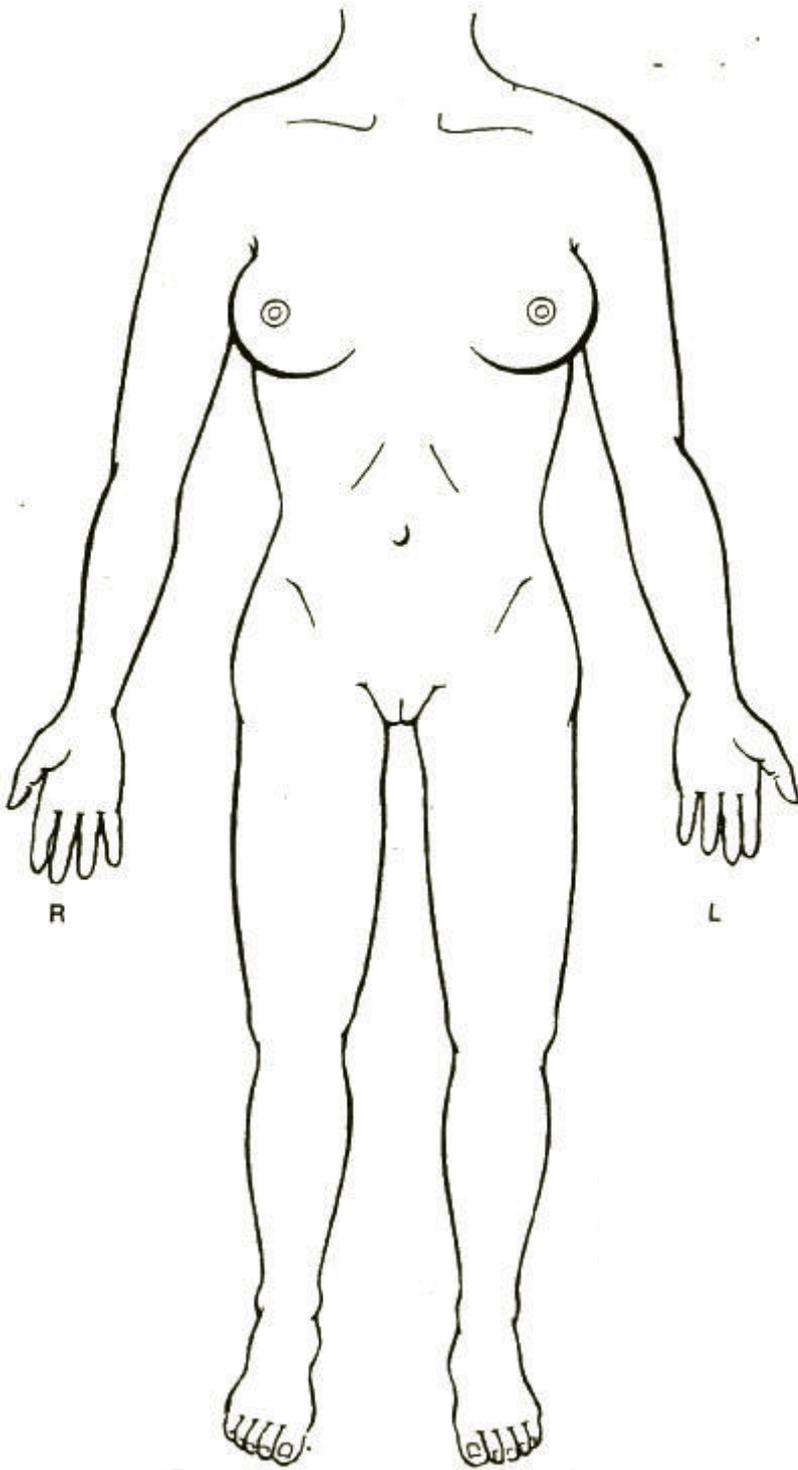
Signed:



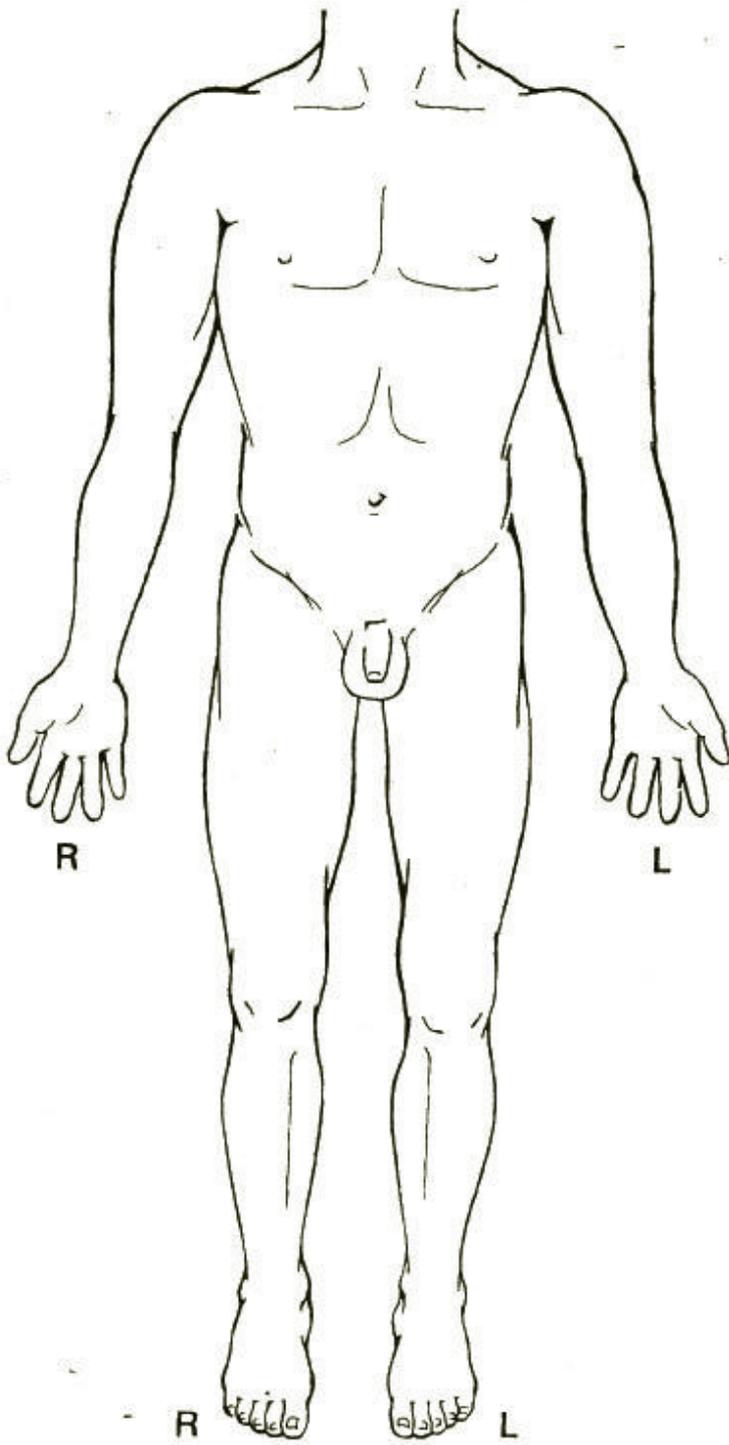
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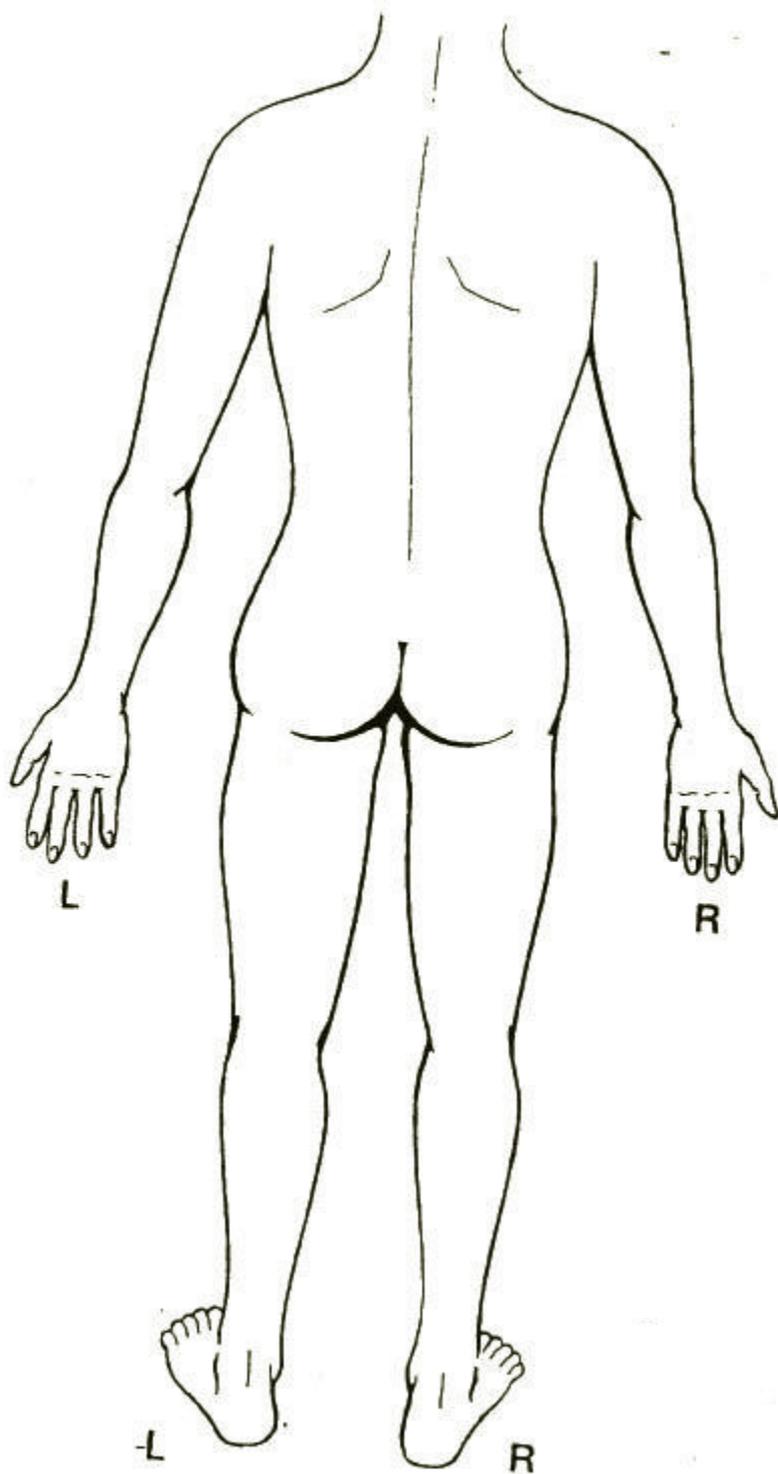
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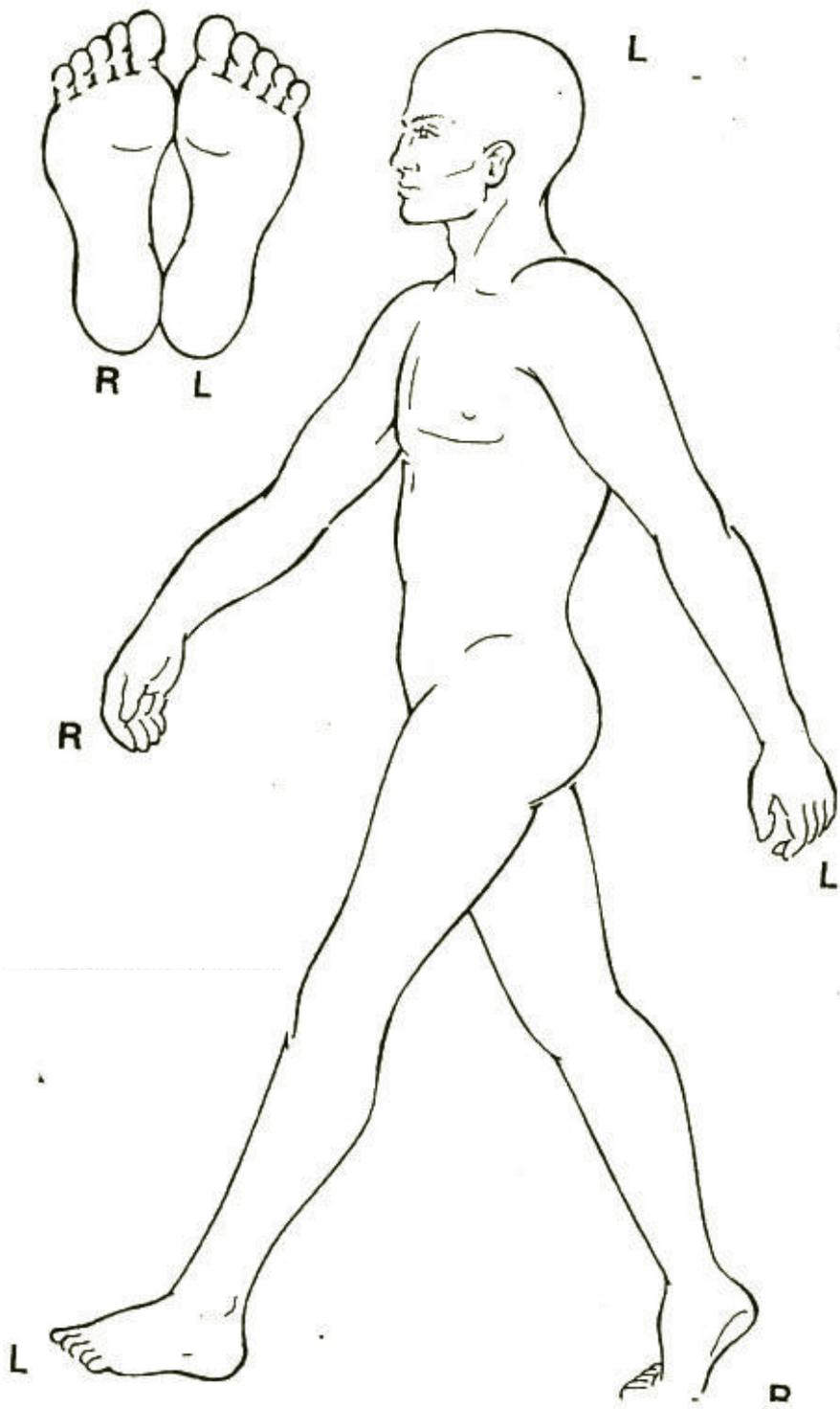
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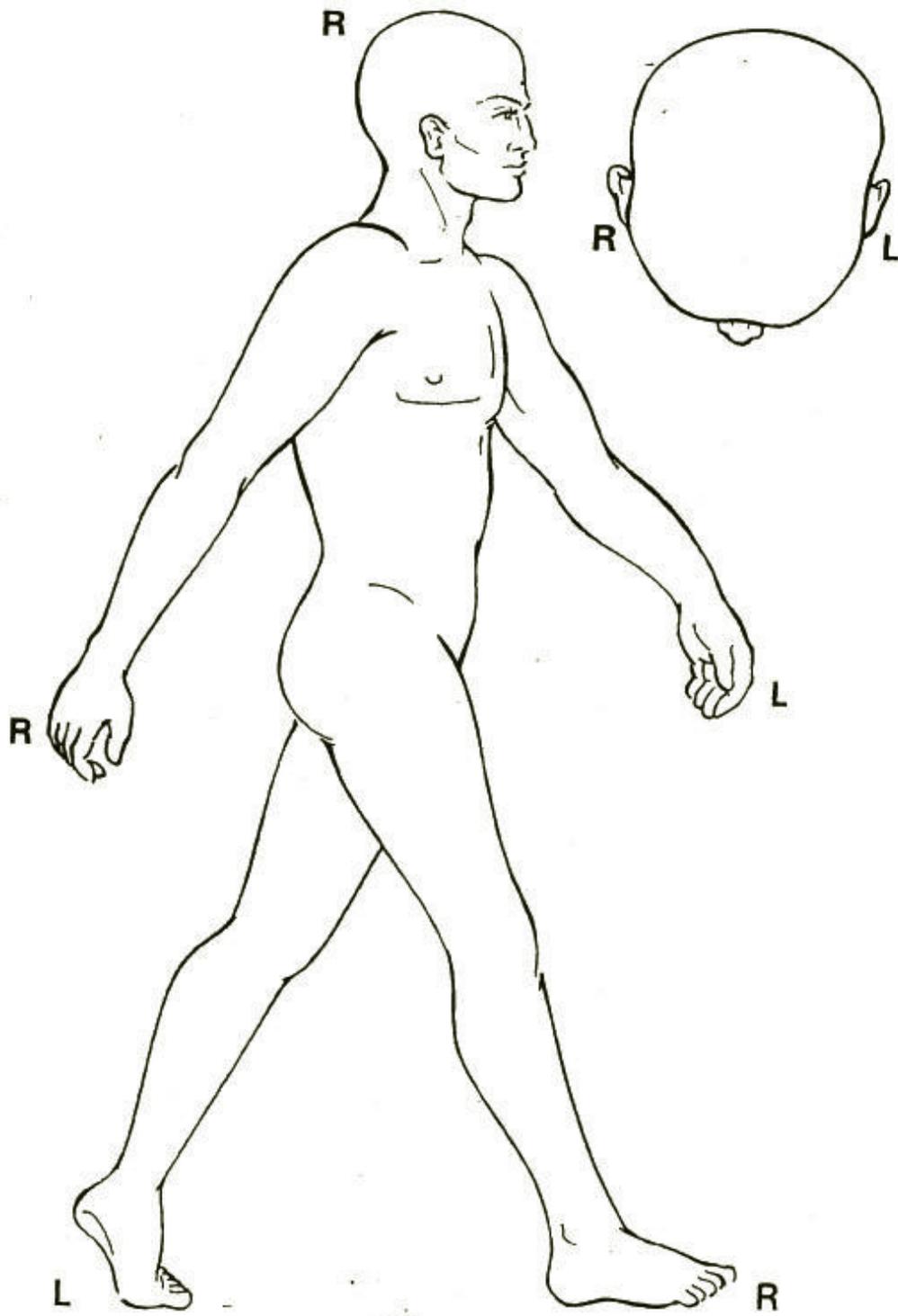
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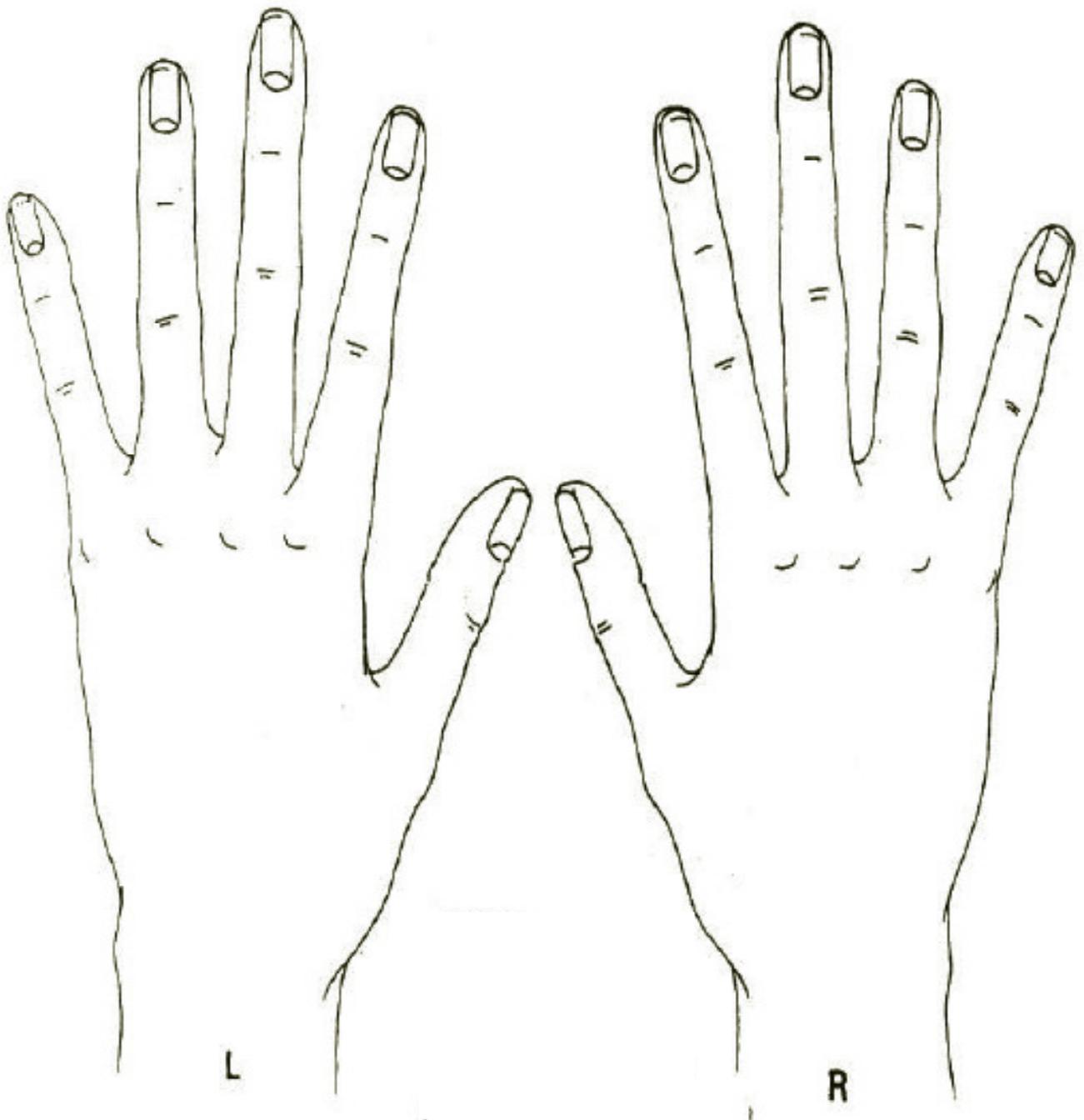
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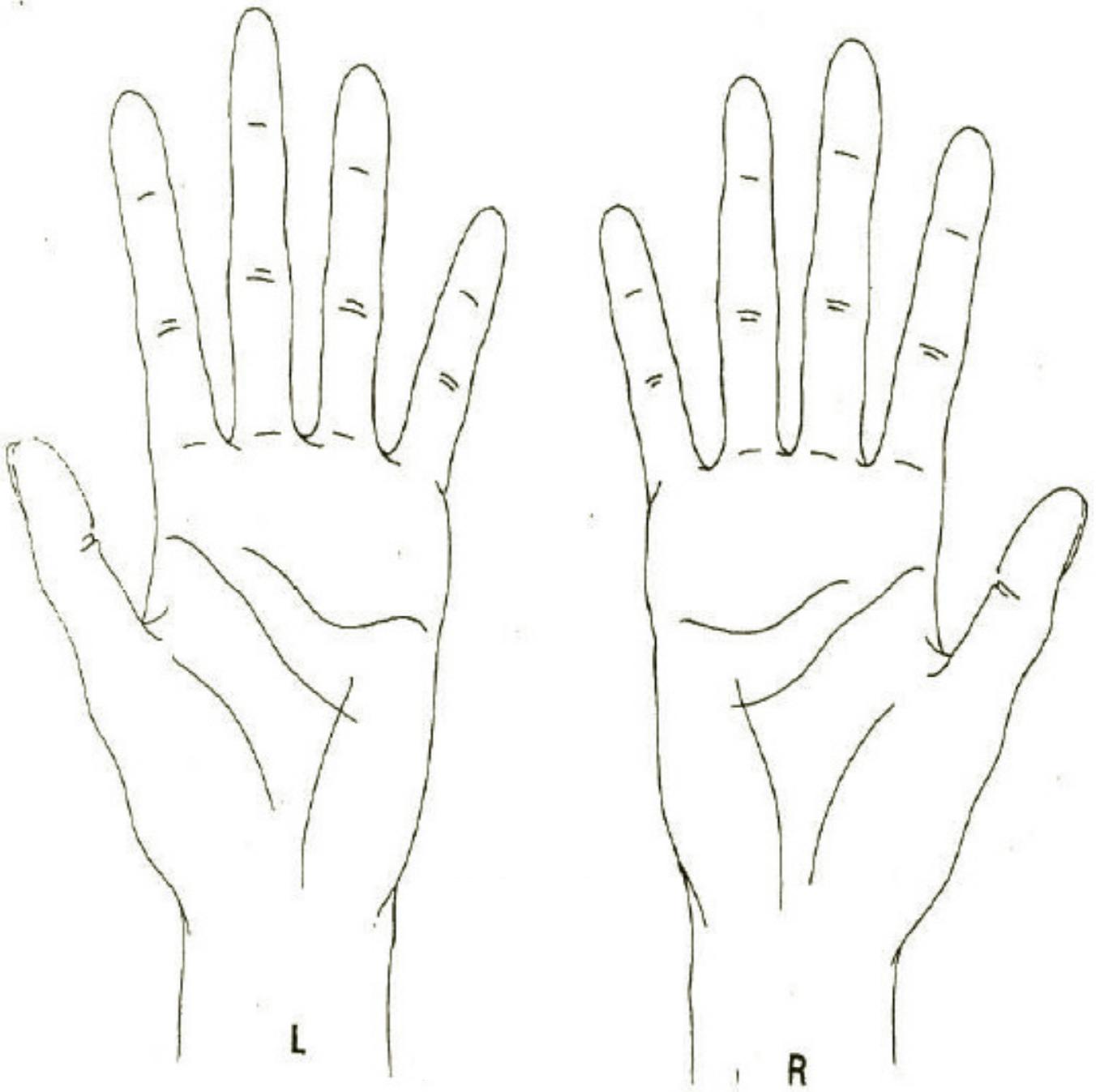
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