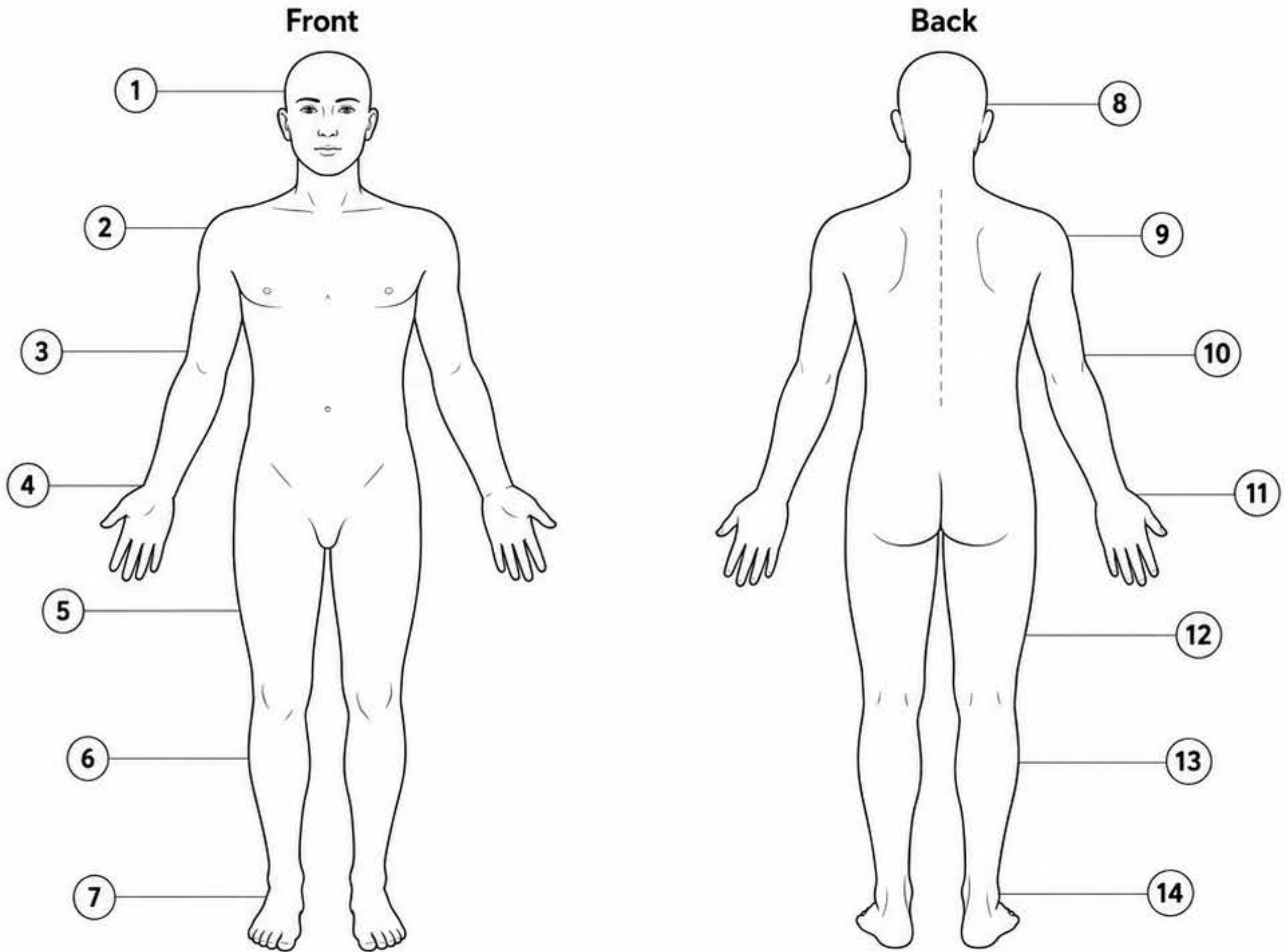


Adult Safeguarding Body Map

Name: _____	Date: _____
Date of Birth: _____	Time: _____
Location/Setting: _____	Completed by: _____

Mark the location of injuries/concerns on the diagrams and record corresponding details below.



Body Map Notes

Signature: _____ Role: _____