

Live Well at Home

BODY CHART

Service Users

Name.....

Address.....

Staff name.....Date.....

Female

Front view

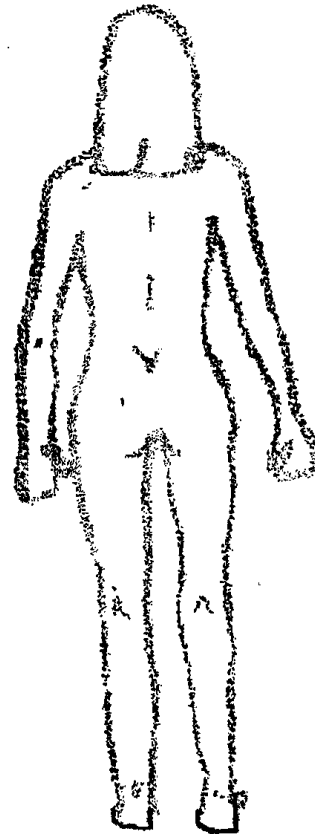
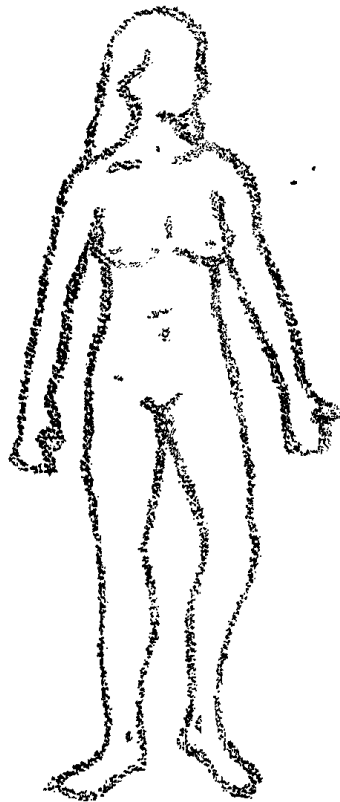
Rear view

Right

Left

Left

Right



Additional comments:-

Reported to office YES / NO

Reported to

Staff member.....

Name.....

Signature.....

Date.....

Acted upon **yes / no**

Outcome

.....
.....
.....
.....

Name.....

Signature.....

Date.....