

# Live Well at Home

## *BODY CHART*

Service Users Name.....

Address.....

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

### **Male**

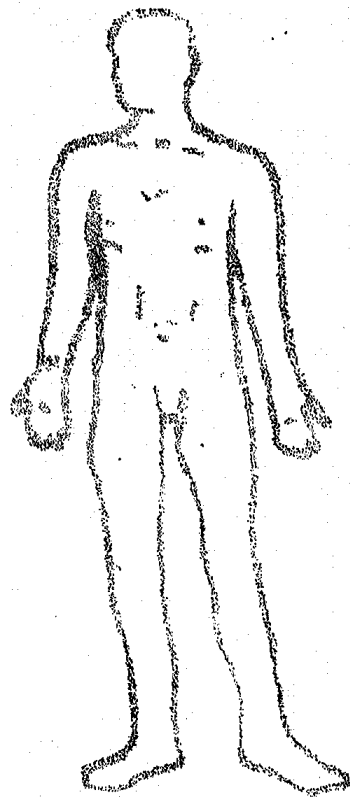
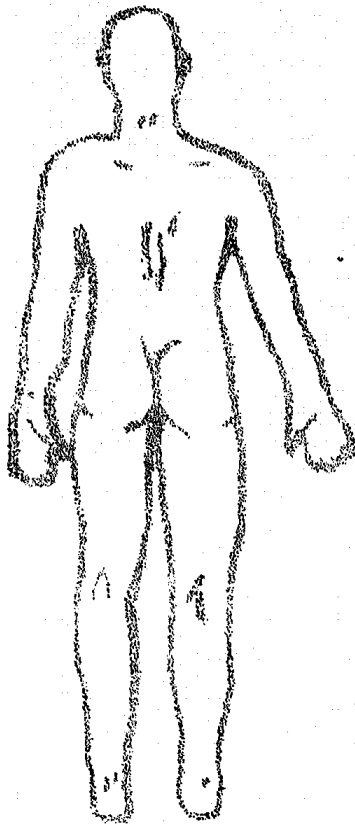
Rear view

Front view

Left

Right

Right



**ADDITIONAL INFORMATION**

**Reported to office**    YES / NO

**Reported to**  
Staff member.....

Name.....

Signature.....

Date.....

Acted upon YES / NO

Outcome.....

.....

.....

.....

Name.....

Signature.....

Date.....

CQC OUTCOMES 4,7,20,21