Body Map

**Purpose of this body map**

This body map is designed to support professionals to accurately record any concerns about possible physical abuse particularly if it is felt that the injury is non-accidental or thought to be following a pattern. The body map provides a visual record of physical abuse and helps professionals to work together when deciding whether there is a safeguarding concern.

**Using a body map does not replace medical advice and so a diagnosis of the injury and correct treatment should be sought by a medical professional. The body map is simply a record of what can be seen and what has been said about the injury. Please include a description in the concern section and indicate site, size, shape, and colour of lesion/mark.**

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| --- |
| **Child’s details** |
| Frist name |  | Surname |  |
| Date of birth |  | Ethnicity |  |
| Physical/ learningdifficulty /healthconditions |  | Communicationneeds |  |
| Sex & Genderidentity |  | Date & time formcompleted |  |
| **Person completing the form** |
| Frist name |  | Surname |  |
| Role |  | Organisation |  |
| Phone number |  | Email |  |
| **Concern** |
| **Nature of the concern/disclosure:**Include any relevant background/description to any injuries/marks. *(write here and draw on body map)* |  |
| **What the child said in their own words:** |  |
| **What the parent/carer said in their own words:***(if applicable)* |  |
| **Observations made/professional opinions:***(please make distinction between fact and opinion)* |  |



 