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|  Name: |  DOB: |  DCN: |
|  Observations and Findings: |
|  Indicate on body diagram any skin tears, abrasions, bruises, scars, etc. Back Left Front RightA black background with a black square  AI-generated content may be incorrect.A black background with a black square  AI-generated content may be incorrect.A black background with a black square  AI-generated content may be incorrect.A black background with a black square  AI-generated content may be incorrect. L R R L  |
|  Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
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