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