



The Royal **Children's**  
Hospital Melbourne

Victorian Forensic Paediatric  
Medical Service

# Body chart baby

UR NUMBER

SURNAME

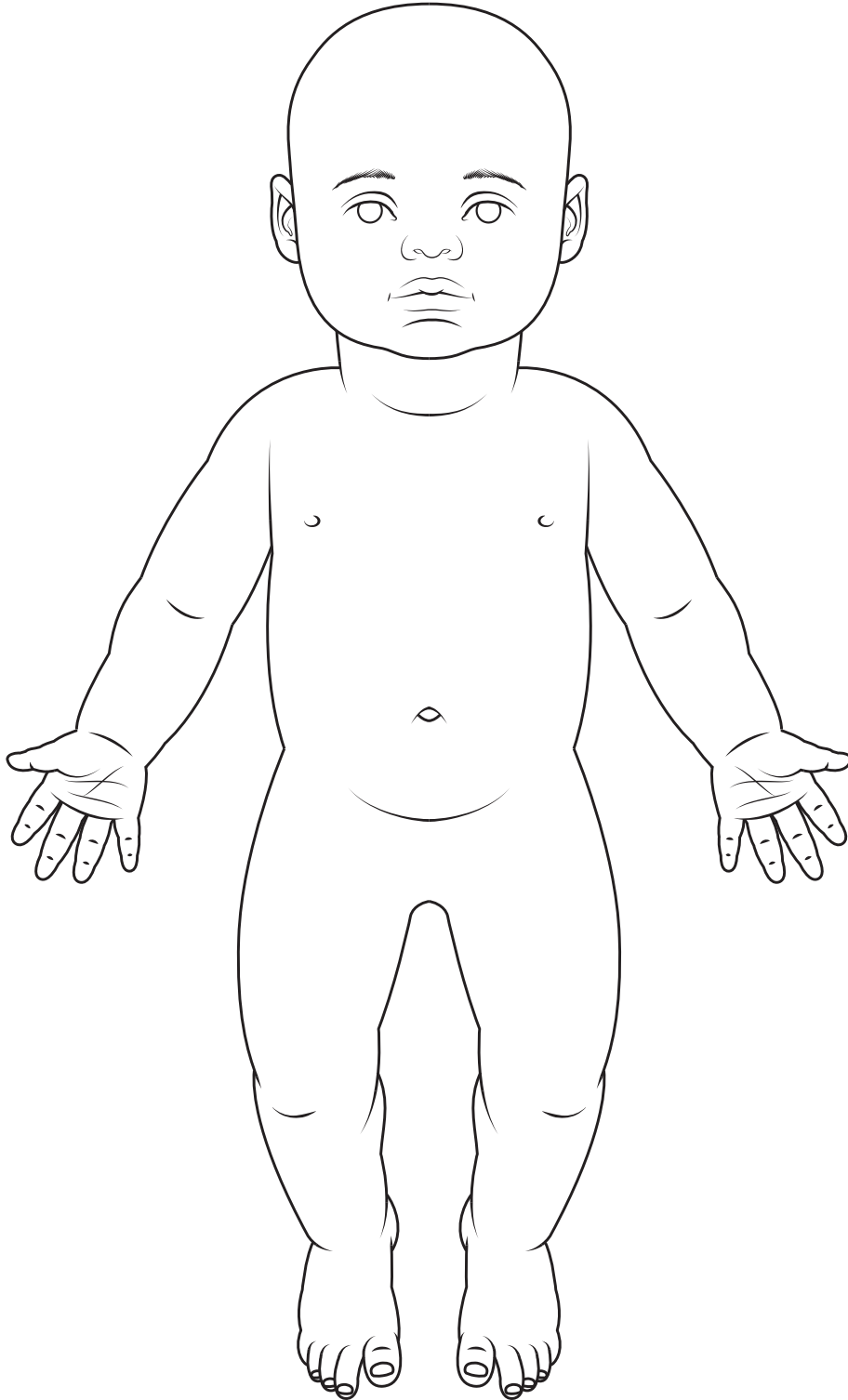
GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Right

Left



Date    /    /

Time    :

Signature of assessing doctor

**C O N F I D E N T I A L**

UR NUMBER

SURNAME

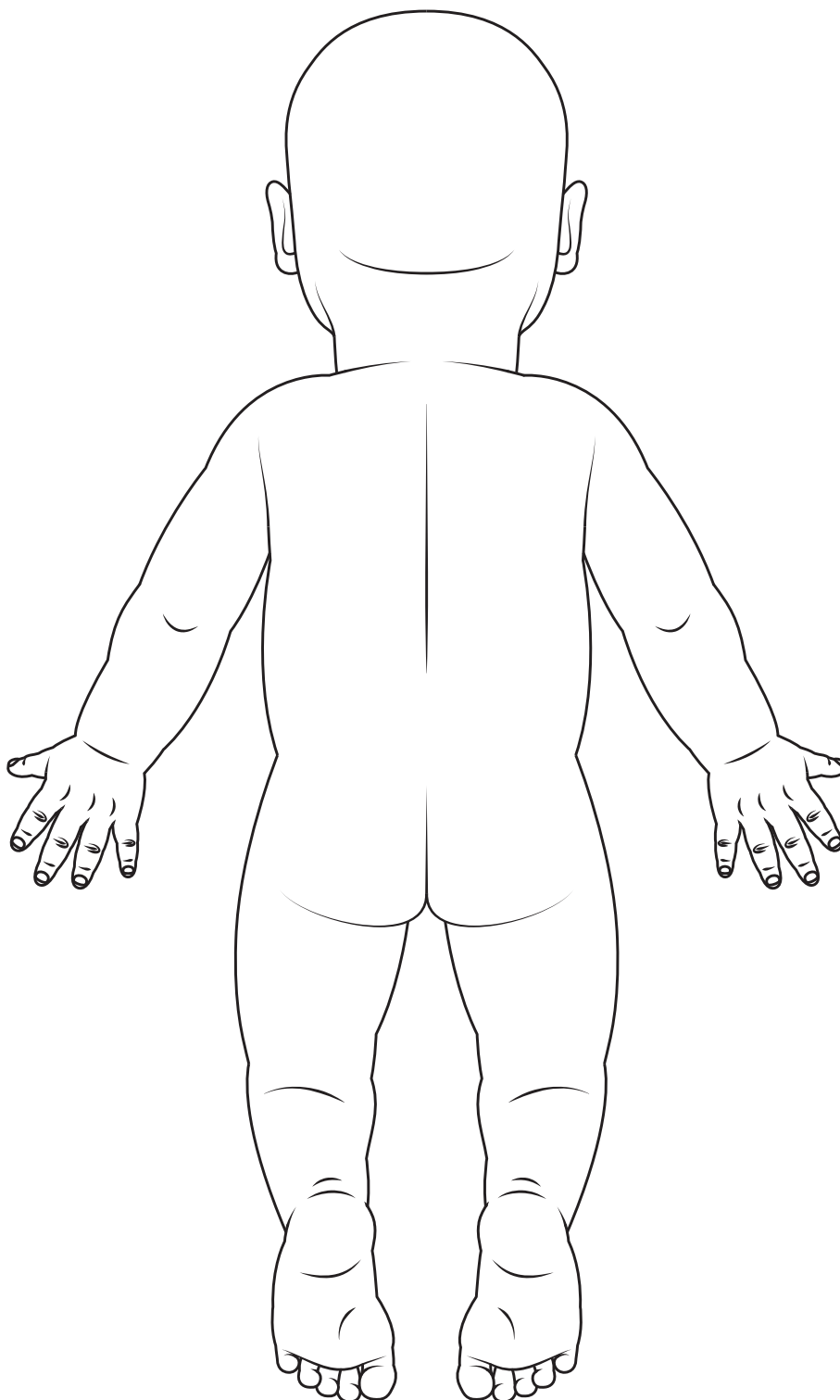
GIVEN NAME(S)

DATE OF BIRTH

**AFFIX PATIENT LABEL HERE** ↑

**Left**

**Right**



Date

/

/

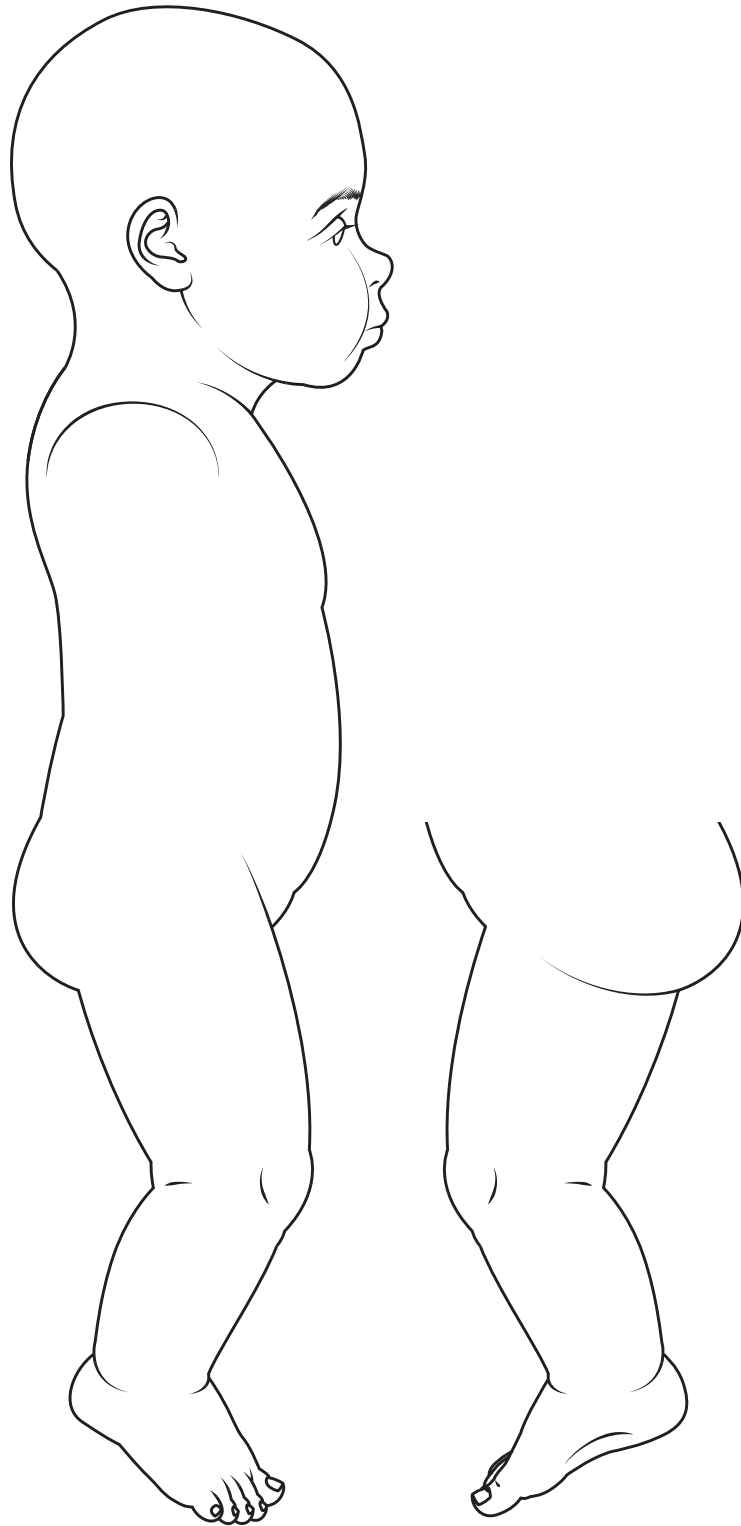
Initial

**CONFIDENTIAL**

UR NUMBER  
SURNAME  
GIVEN NAME(S)  
DATE OF BIRTH  
**AFFIX PATIENT LABEL HERE** ↑



**Outer right**



**Inner right**



Date    /    /

Initial

**C O N F I D E N T I A L**

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

**AFFIX PATIENT LABEL HERE** ↑

**Inner left**

**Outer left**



Date

/ /

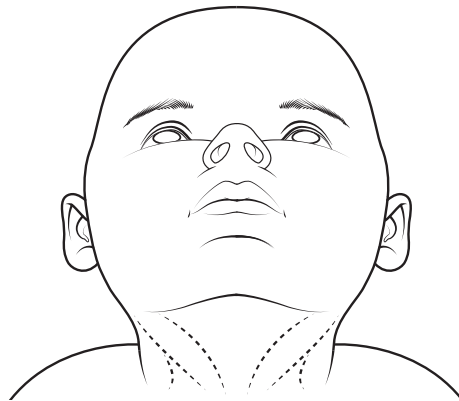
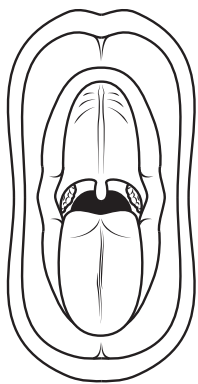
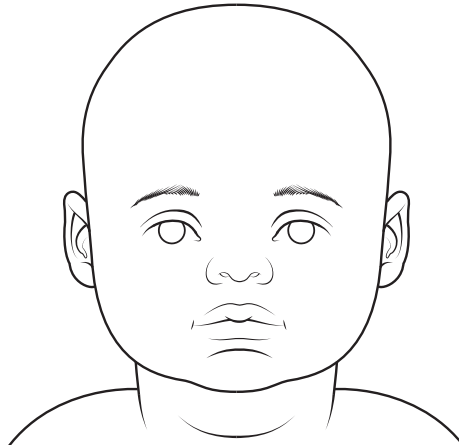
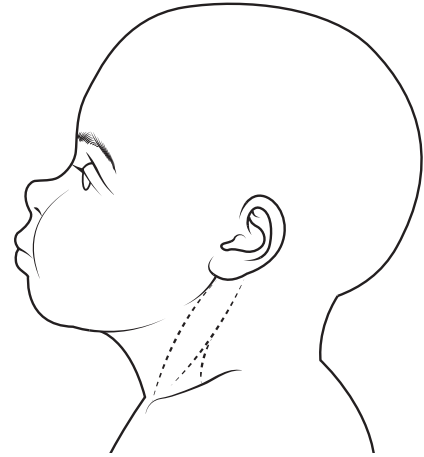
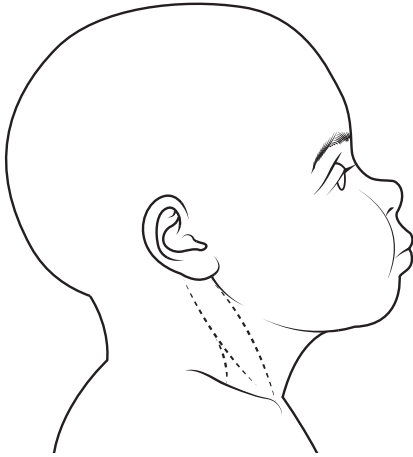
Initial

**CONFIDENTIAL**

UR NUMBER  
SURNAME  
GIVEN NAME(S)  
DATE OF BIRTH  
**AFFIX PATIENT LABEL HERE ↑**

**Right**

**Left**



Date

/ /

Initial

**CONFIDENTIAL**

UR NUMBER

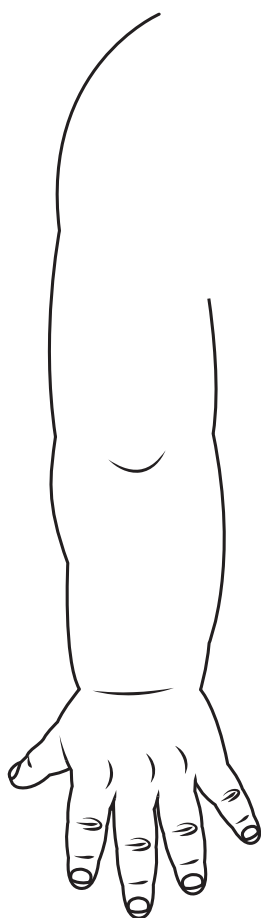
SURNAME

GIVEN NAME(S)

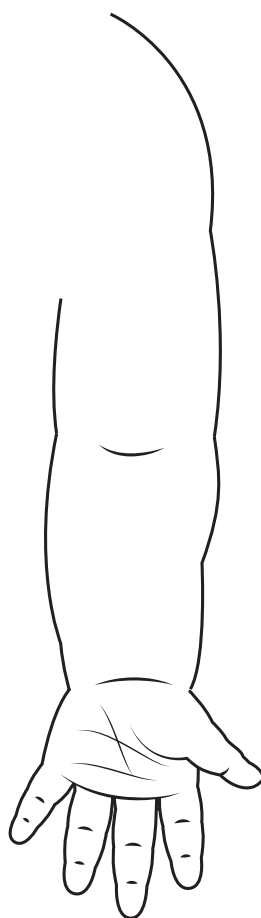
DATE OF BIRTH

**AFFIX PATIENT LABEL HERE** ↑

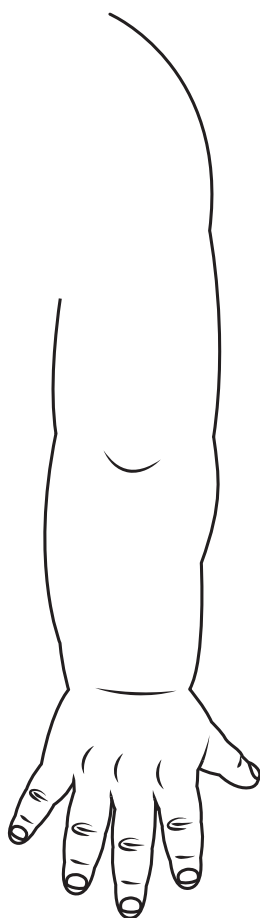
**Left dorsal**



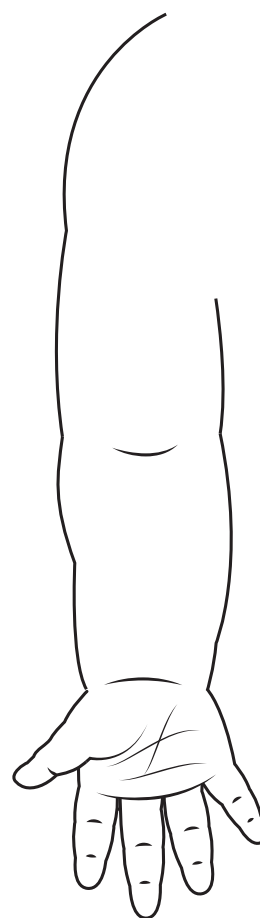
**Left palmar**



**Right dorsal**



**Right palmar**



Date / /

Initial