



The Royal **Children's**
Hospital Melbourne

Victorian Forensic Paediatric
Medical Service

Body Chart Male Genitalia

UR NUMBER

SURNAME

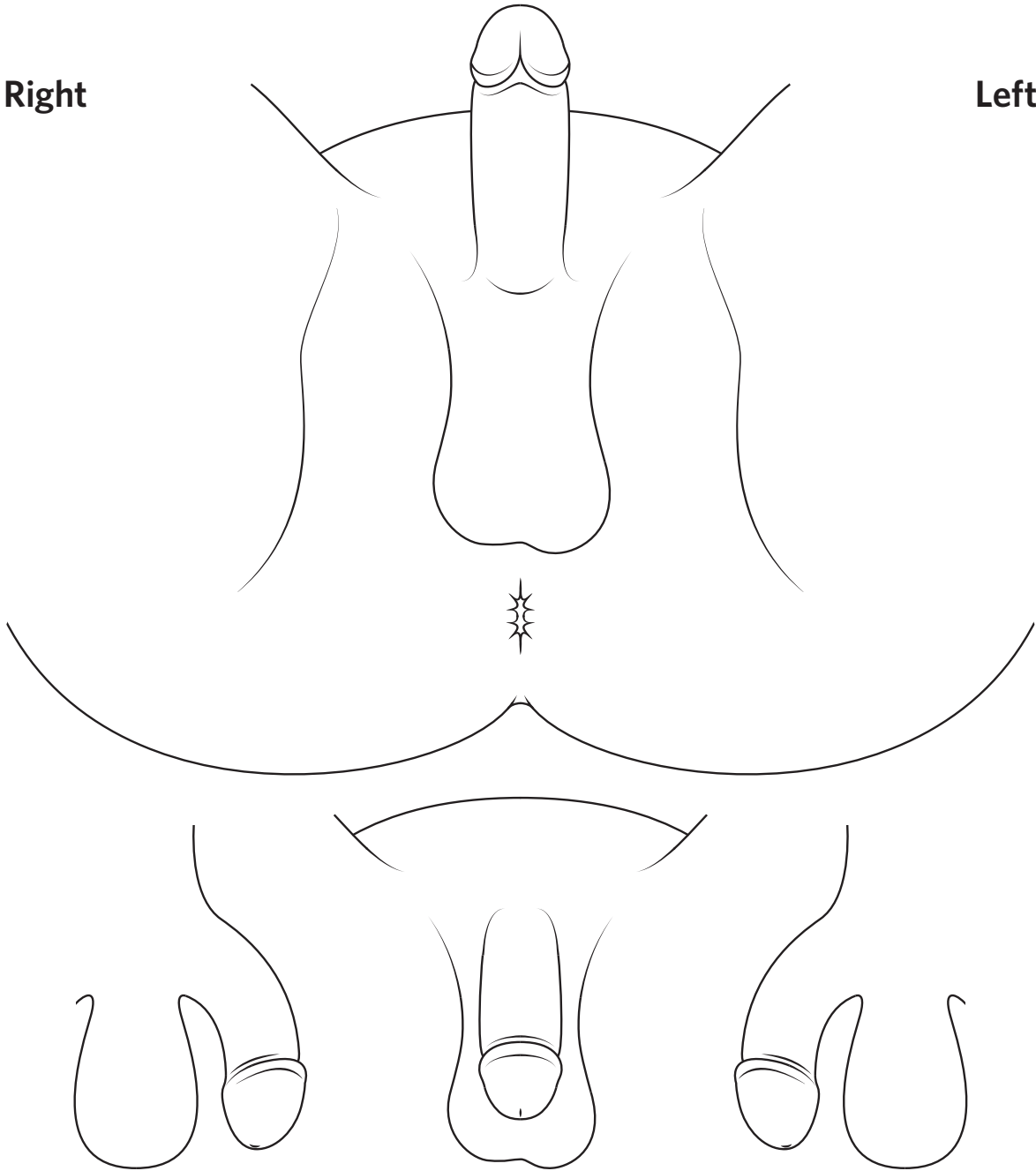
GIVEN NAME(S)

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 ↑

Videocolposcopy performed	<input type="radio"/> Yes <input type="radio"/> No	Colposcopy performed (no video)	<input type="radio"/> Yes <input type="radio"/> No
Proctoscopy conducted	<input type="radio"/> Yes <input type="radio"/> No		

Examination position(s)

Findings (comment on any injury, discharge or bleeding)





Date / /

Initial