



The Royal **Children's**
Hospital Melbourne

Victorian Forensic Paediatric
Medical Service

Body chart child

UR NUMBER

SURNAME

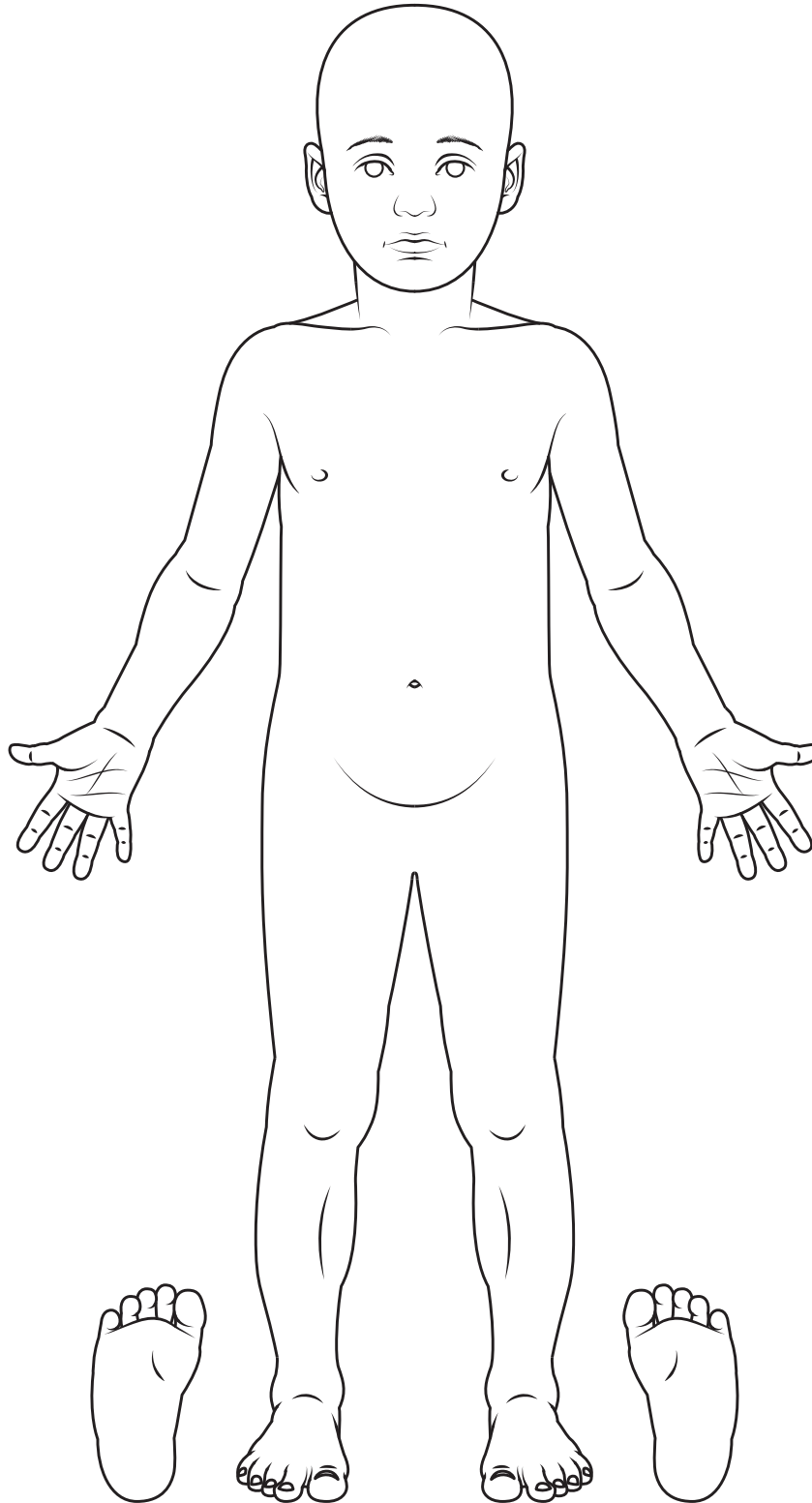
GIVEN NAME(S)

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

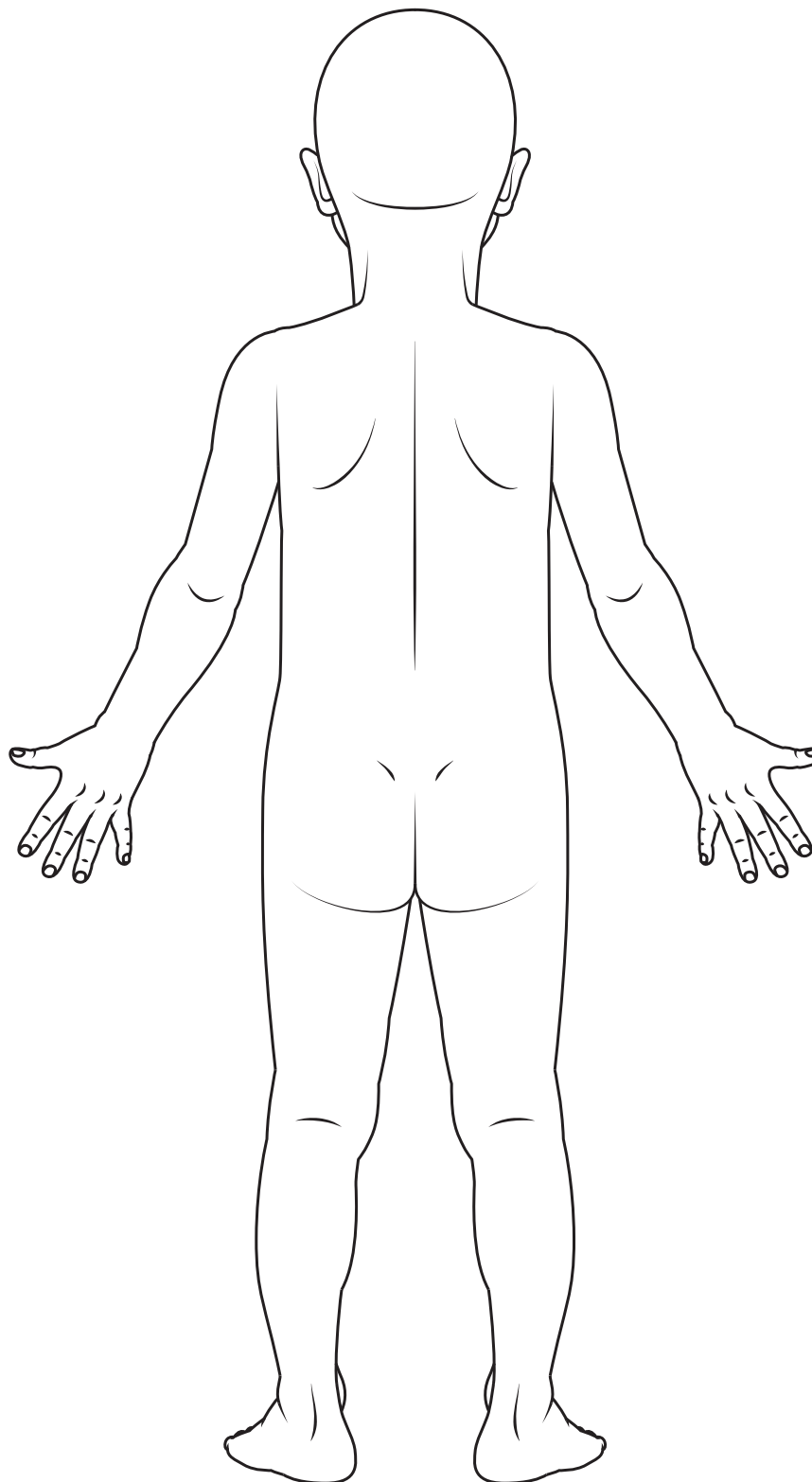
GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Left

Right



Date

/

/

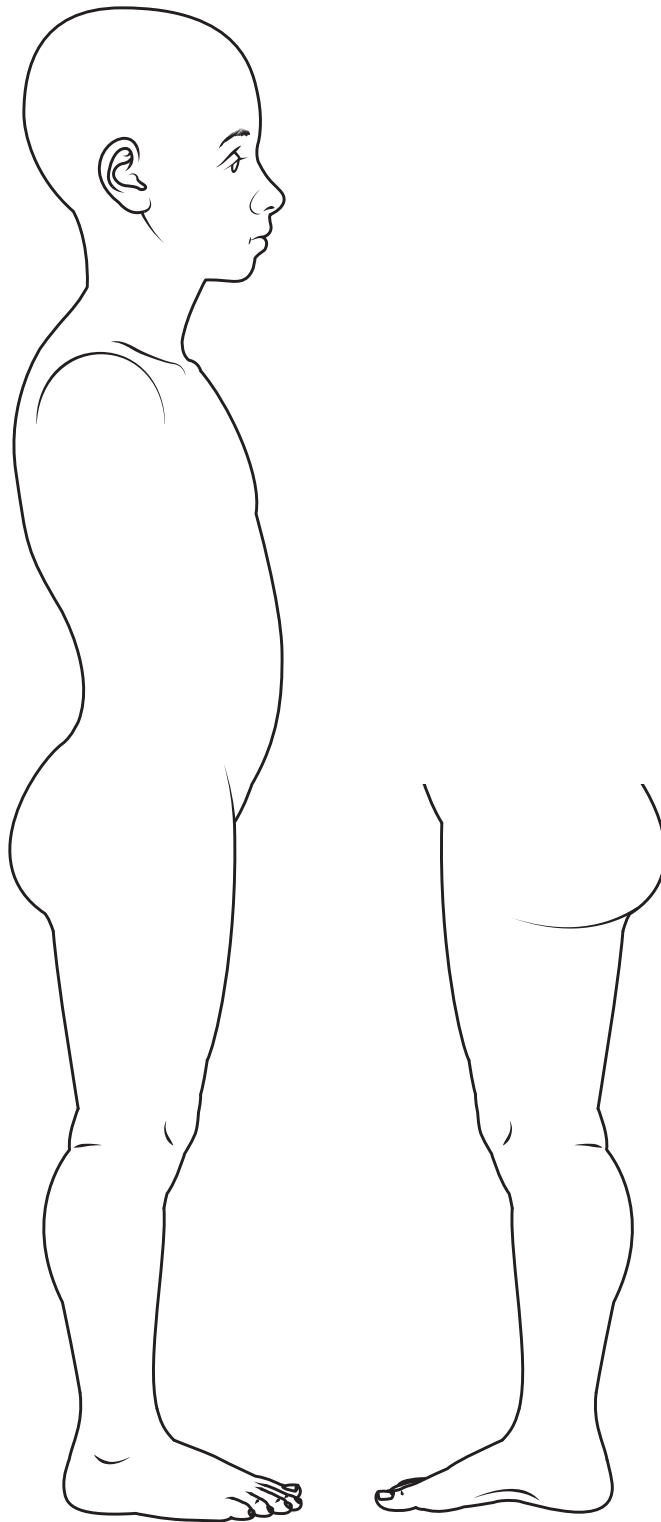
Initial

CONFIDENTIAL

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

Outer right

Inner right



Date / /

Initial

UR NUMBER

SURNAME

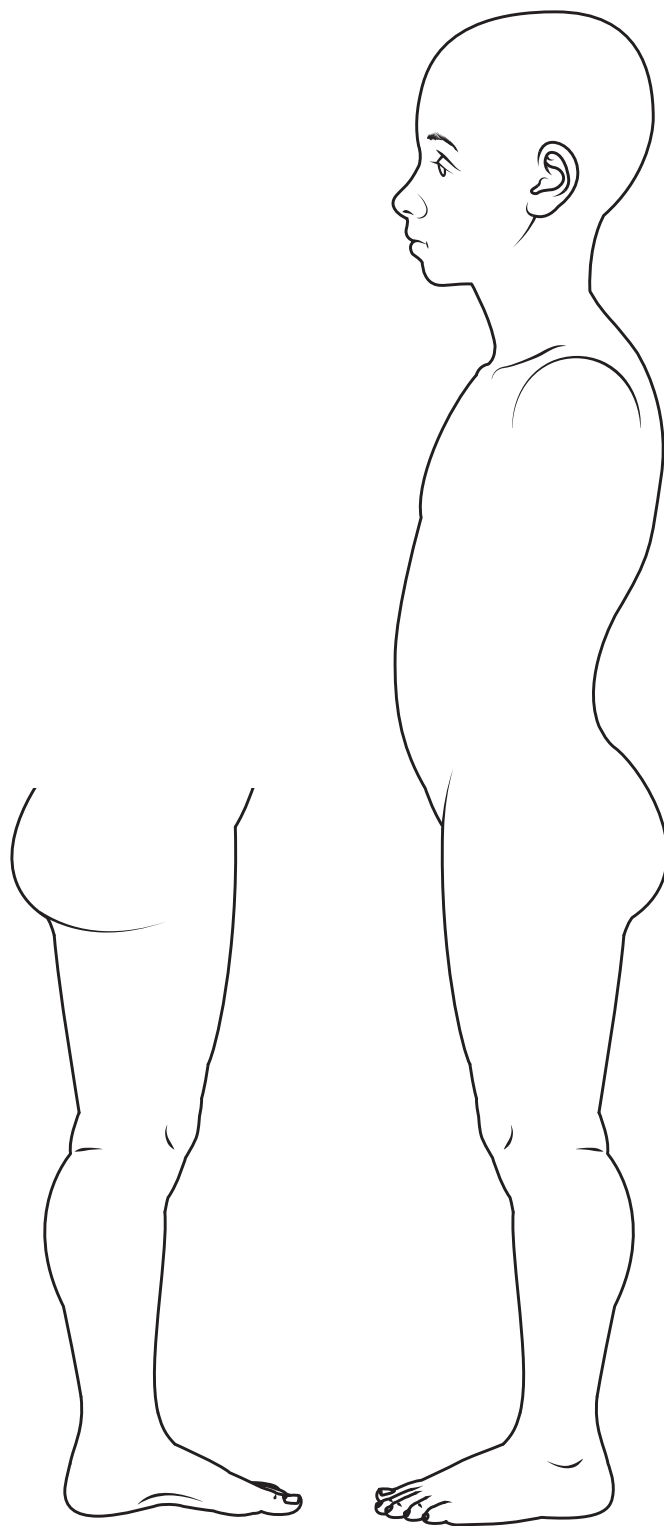
GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Inner left

Outer left



Date

/

/

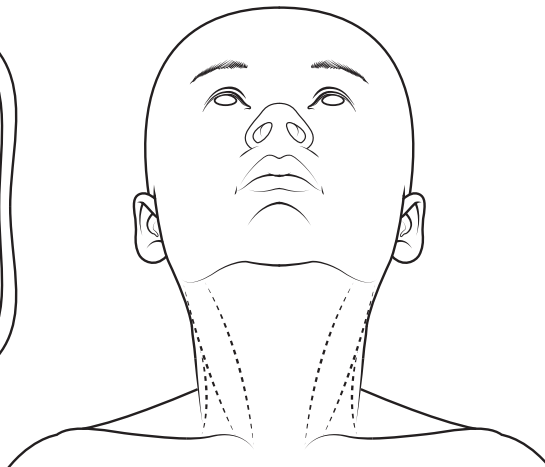
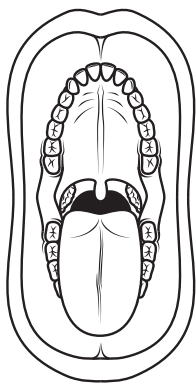
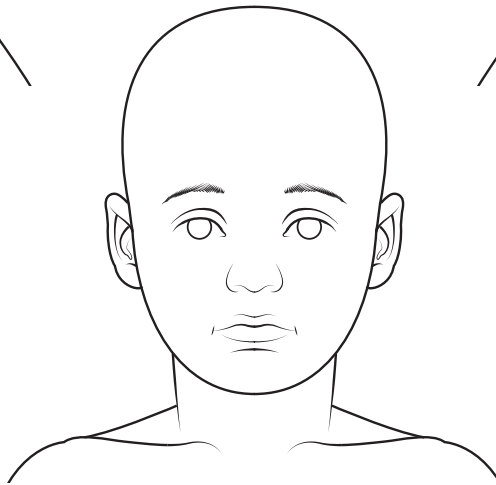
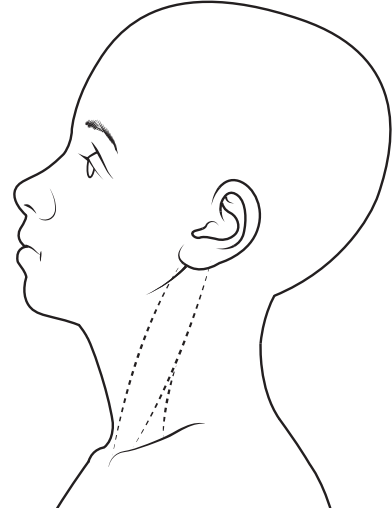
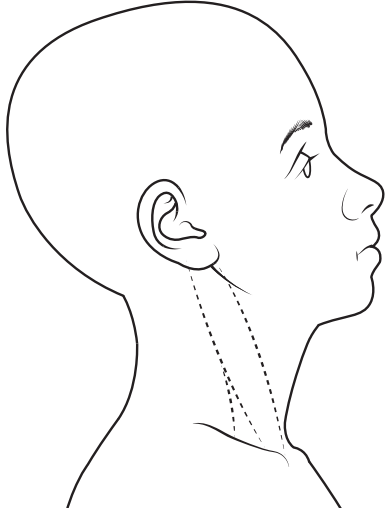
Initial

CONFIDENTIAL

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

Right

Left



Date

/ /

Initial

CONFIDENTIAL

UR NUMBER

SURNAME

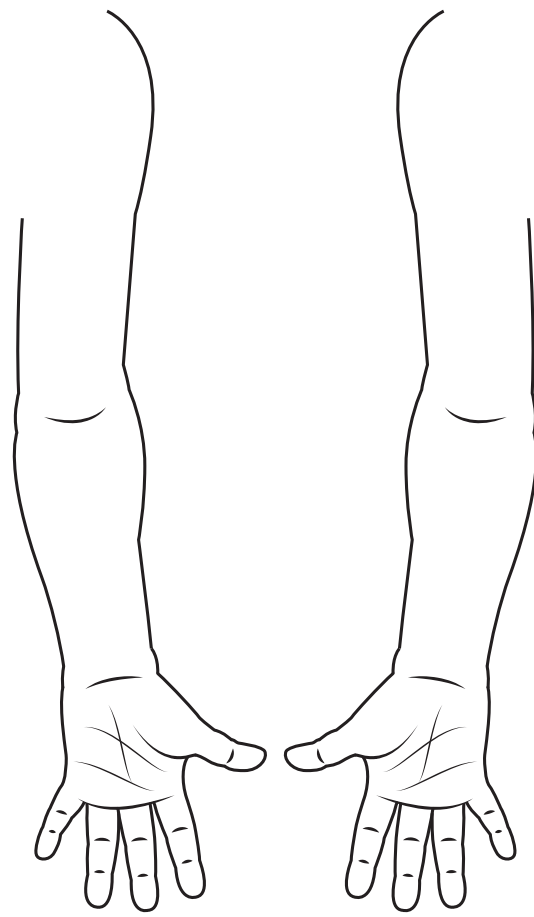
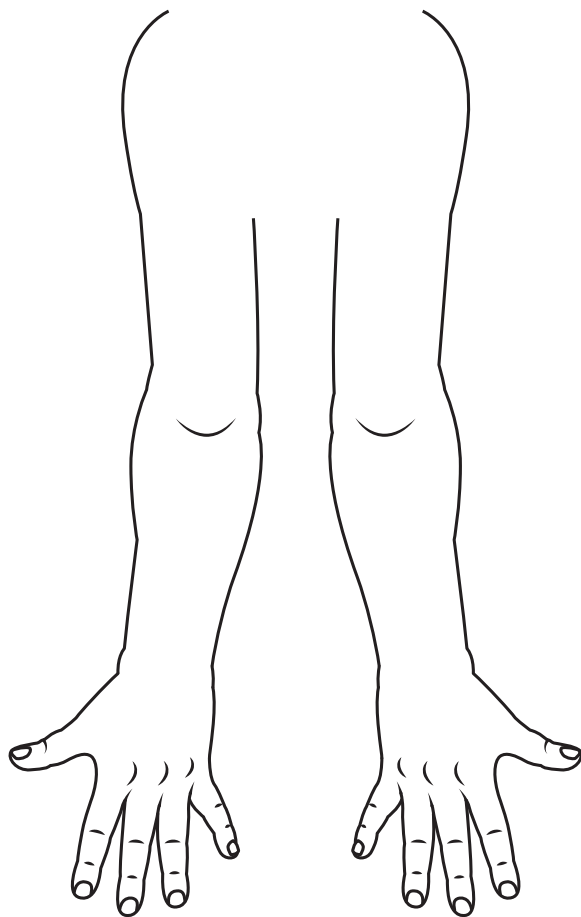
GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Left dorsal

Left palmar



Right dorsal

Right palmar

Date / / Initial