**Body Map Record**

**Resident’s name: Date:**

**Body map completed by:**

1. Mark on ‘body’ diagram, where rash is visible.
2. If treatment is prescribed, complete box below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date & time 1st treatment applied  | Name of person applying treatment  | Linen changed – please tick  | Date & time treatment removed  | Name of person completing this action  |
|     |   |   |   |   |
| Date & time 2nd treatment applied  | Name of person applying treatment  | Linen changed – please tick  | Date & time treatment removed  | Name of person completing this action  |
|     |   |   |   |   |