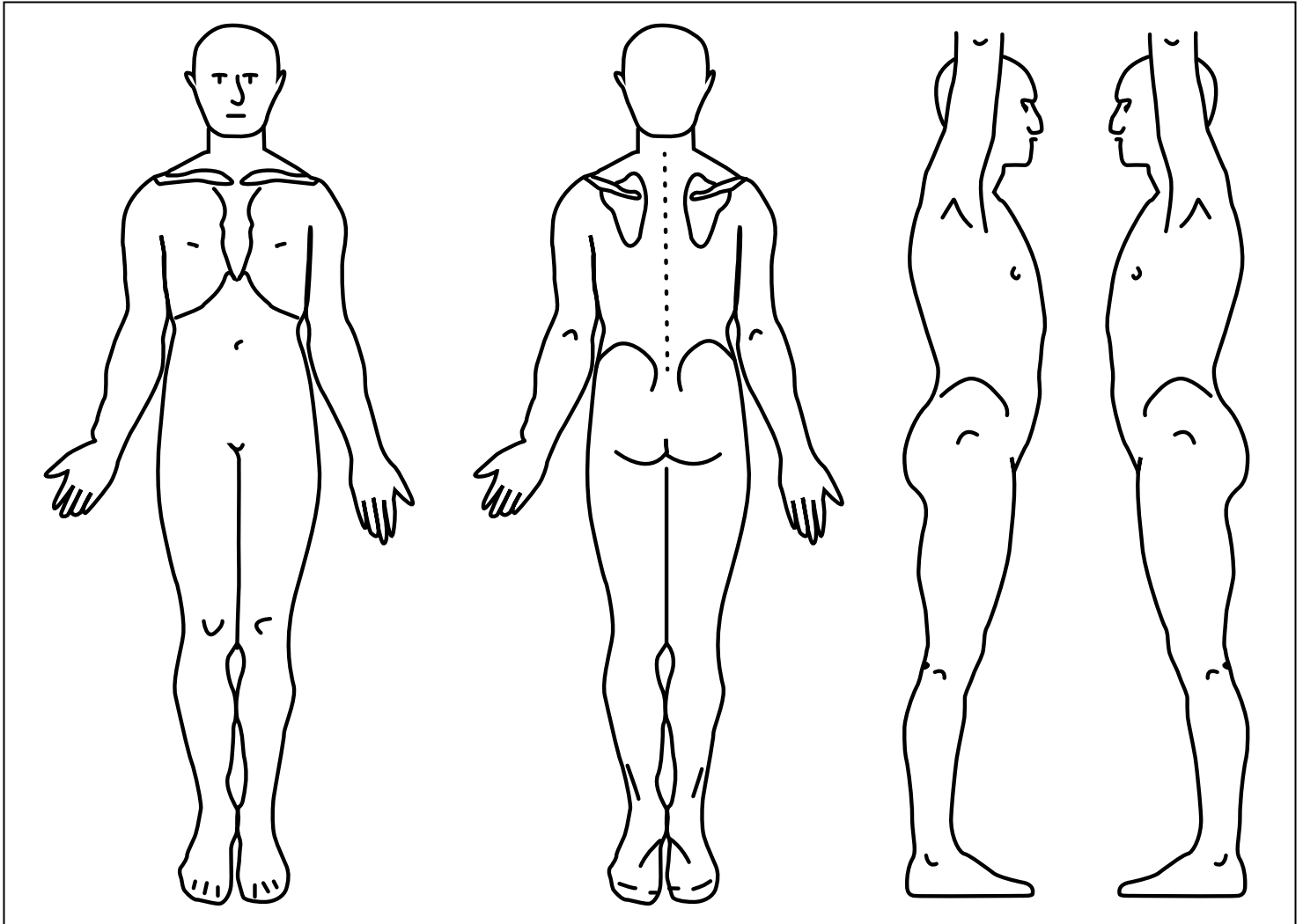


Body Chart

Service user name:



Mark onto the chart - using the number as shown below, the areas of CONCERN.

Name of medication	Where it was applied on the body	Notes
1.		
2.		
3.		
4.		
5.		
6.		

Form completed by Carer

Month/year

Please complete the MAR chart for all medication as usual but in addition for any topical (goes on the skin) medication
Please use this body map to indicate where the medication was applied on the body, circle area and complete the boxes above.

Use one body map for each for each Service user per calendar month