

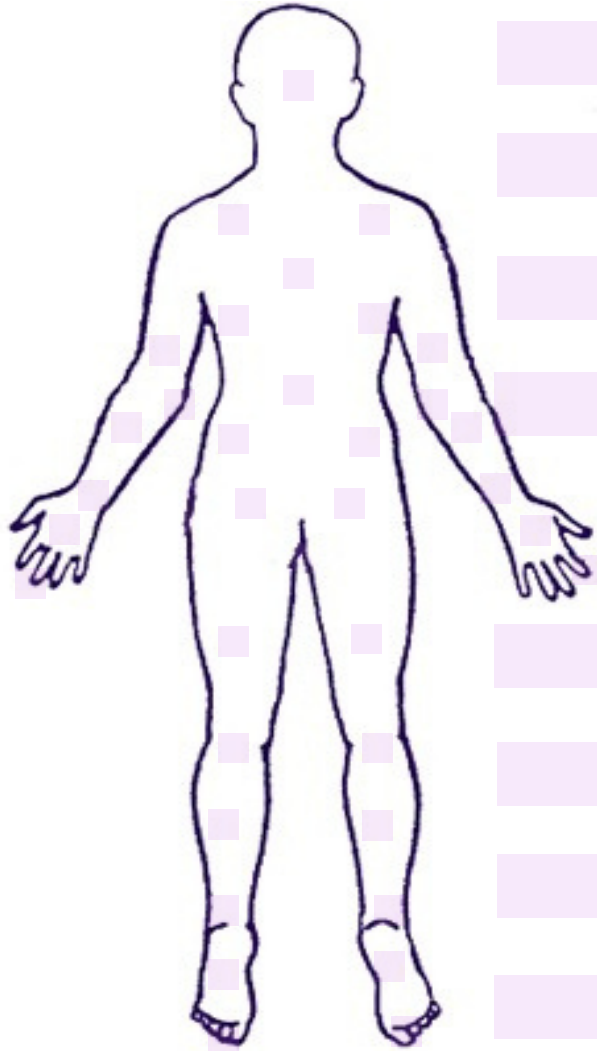
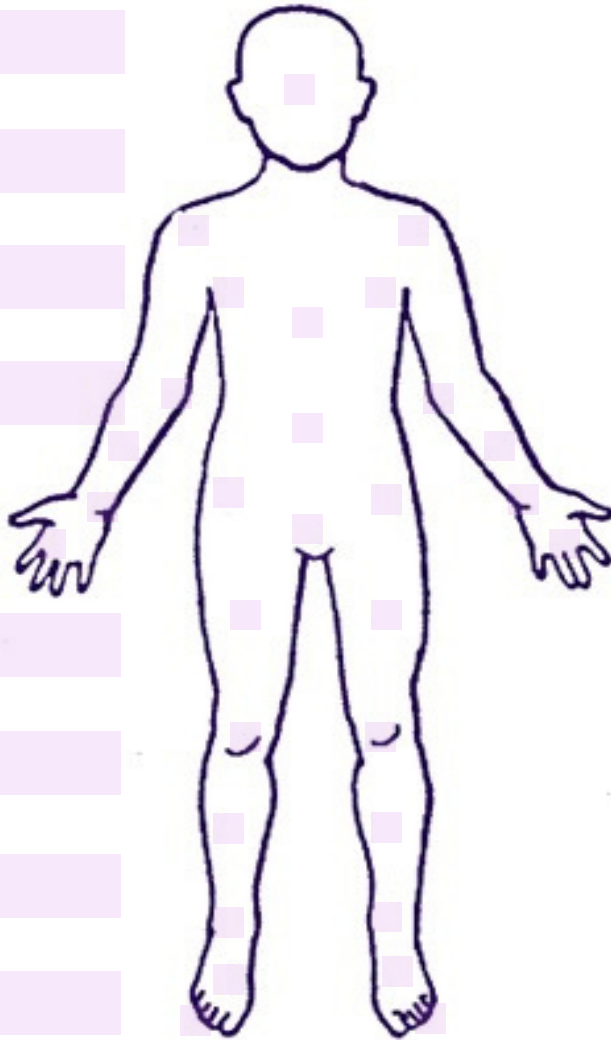
SKIN CHECK CHART PAGE 1

No new area of concern

Student Name: _____

Date: _____

FRONT TRUNK/LIMBS	BACK TRUNK/LIMBS
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Right

Left

Left

Right

- | | | | | |
|---|---|------------------------------|--|---|
| 1. Bruise
1. a. red
1. b. blue/purple
1. c. yellow/green
1. d. fading/brown | 2. Abrasion
3. Scab
4. Edema/swelling | 2.a. scrape
2. b. scratch | 5. Rash
6. Callus
7. Other (specify)
8. New | 9. Prior
10. SIB (self-injurious behavior) |
|---|---|------------------------------|--|---|

Date/Time

Signature

* Additional notes may be added on the bottom of page 2.

SKIN CHECK CHART PAGE 2

___ No new area of concern

Student Name: _____
 Date: _____

- | | | | | |
|---|---|------------------------------|--|---|
| 1. Bruise
1. a. red
1. b. blue/purple
1. c. yellow/green
1. d. fading/brown | 2. Abrasion
2.a. scrape
2. b. scratch | 3. Scab
4. Edema/swelling | 5. Rash
6. Callus
7. Other (specify)
8. New | 9. Prior
10. SIB (self-injurious behavior) |
|---|---|------------------------------|--|---|

FRONT OF HEAD

EYE/EYELID/ ORBIT

FOREHEAD

NOSE/NOSTRIL

EAR

CHEEK

MOUTH/LIP/ FRENULUM

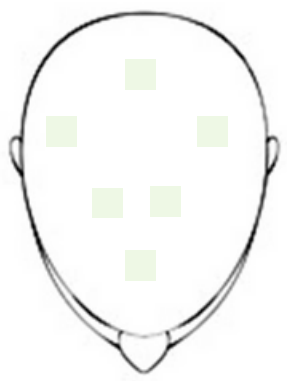
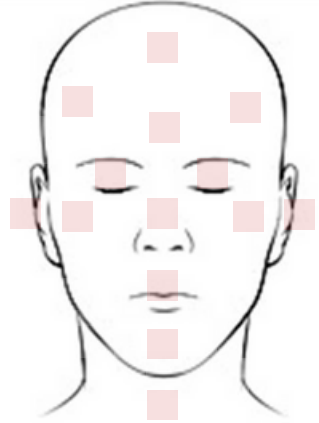
CHIN

FRONT OF NECK

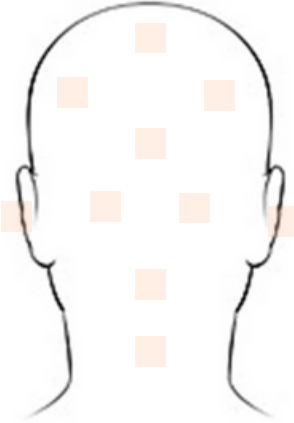
SCALP-TOP

OTHER (TOP OF HEAD)

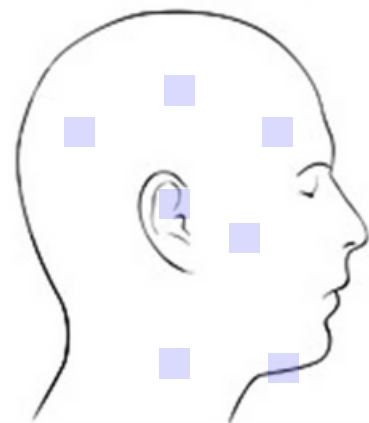
OTHER (FRONT OF HEAD)



OTHER (BACK OF HEAD)



OTHER (SIDE OF HEAD)



BACK OF HEAD

BACK OF SCALP/ (OCCIPITAL AREA)

BACK OF EAR

BACK OF NECK

SIDE OF FOREHEAD

TEMPORAL AREA

CHEEK

EAR/ EARLOBE/EAR CANAL

NOSE

JAW

SIDE OF NECK

SIDE OF HEAD

Date/Time

Signature

* Notes: