

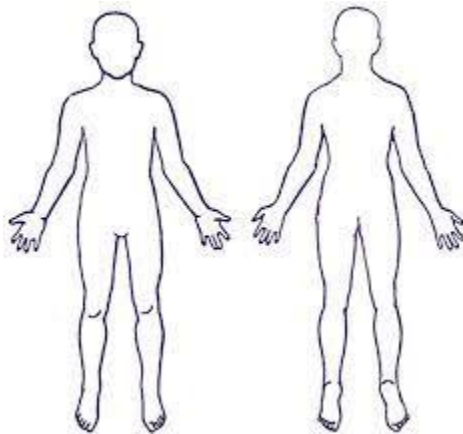


Body/Skin Check

Body checks should be completed in the event of suspected client injury or any incident of slipping, falling, or other physical injury while the client is in the care of a SLBHW employee.

Date: _____
Location: _____

Responsible Technician: _____
Witnessing Team Member: _____



Mark an X on diagram for any red, open, cut, bruised, or rash area that was not present or visible upon arrival to the treatment center.

Please check the following as appropriate:

_____ The client's head, nose, ears, mouth, teeth, arms, shoulders, back, stomach, hip, thighs, knees, shins, calves, ankles, feet and toes have been evaluated by a staff member for remarkable differences following the incident?

_____ There are remarkable swellings, bruises, cuts, or sores on the client's body following the incident?

_____ The client is bleeding and/or physically aching following the incident?

_____ The client remains awake at least 1 hour following an incident related to headbanging?

_____ The client becomes calm and compliant with their instructional routine at least 1 hour following the incident?

Team Member Signature

Date



_____ The client remains inconsolable for more than 1 hour following the incident?

_____ The client can stand, walk, and move independently following the incident?

_____ The client needs to be transitioned to medical care directly from the treatment center?

_____ The client **DOES NOT** need to be transitioned to medical care directly from the treatment center?

_____ The client's caregivers have been notified of the incident upon dismissal from the treatment center?

Team Member Signature

Date