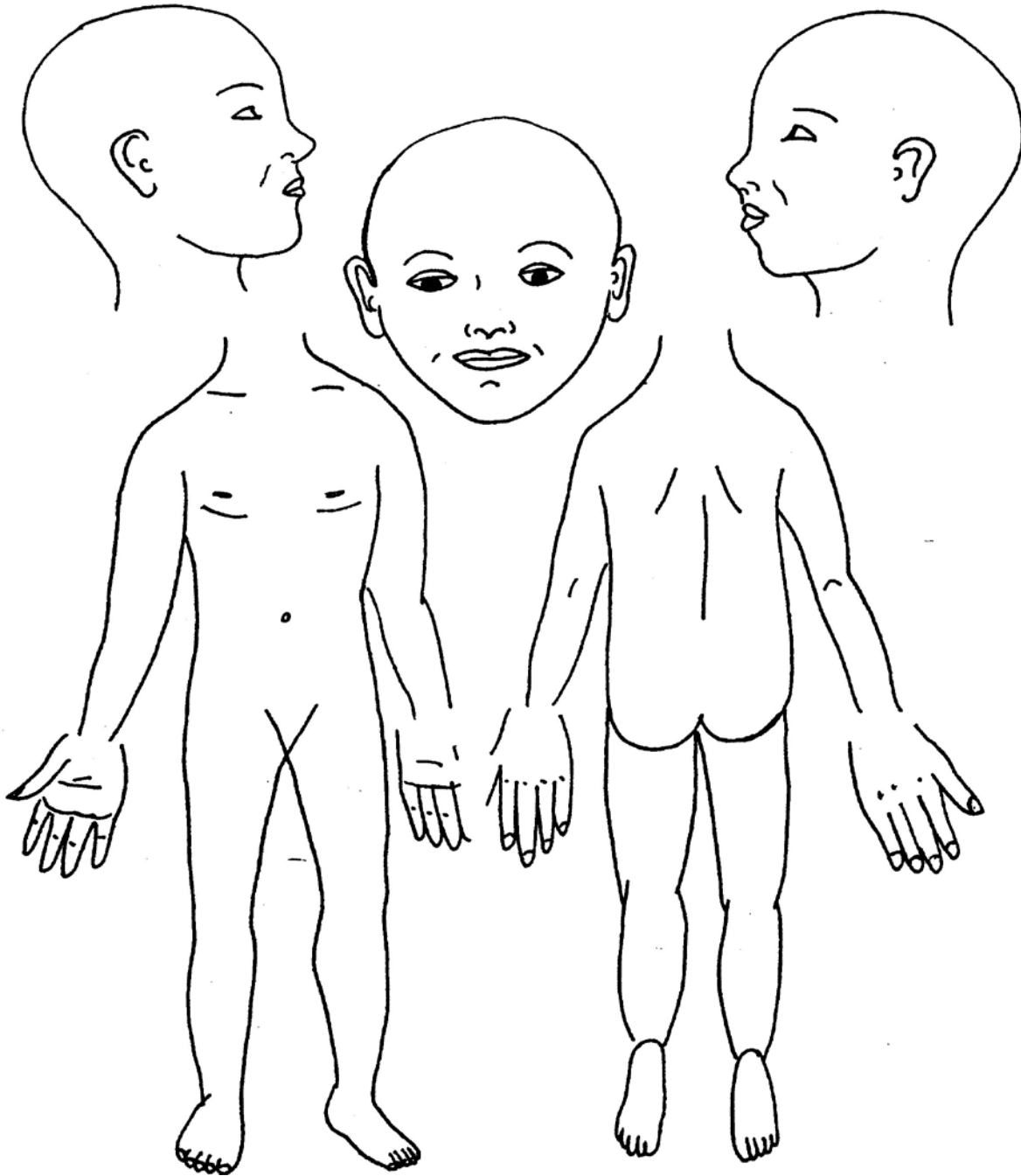


# LUCAS COUNTY CHILDREN SERVICES MEDICAL CLINIC

## BODY DIAGRAM

CHILD'S NAME \_\_\_\_\_ DOB \_\_\_\_\_ Case# \_\_\_\_\_



Date \_\_\_\_\_ Clinic RN \_\_\_\_\_

(To draw while in Adobe Reader, choose comment option on the right hand side, then drawing markups, then pick the pencil icon.)