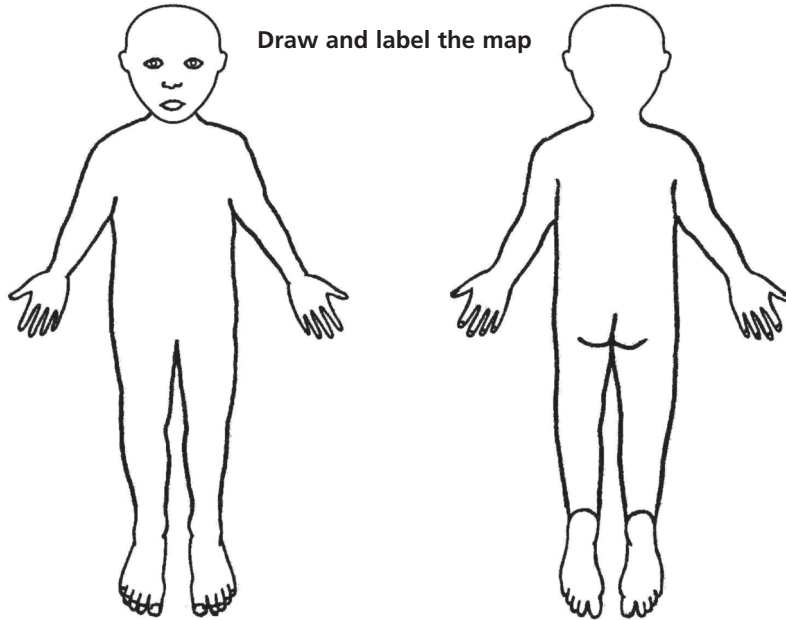




# Body map documentation for birth marks

First Name: ..... Surname: ..... Date of Birth: .....

Sex: M / F NHS No: ..... GP: .....



Record amount and colour of birth marks identified.  
*If 6 or more coffee coloured marks (>0.5cm) refer to a paediatrician.*

Review	<input type="checkbox"/>
Refer to paediatrician	<input type="checkbox"/>

Implications discussed with parents? Yes / No

Name of Examiner  
.....

Signature of Examiner  
.....

Job Title  
.....

Date of Examination  
.....

NOTES.....  
.....

**BEFORE DISTRIBUTION, PLEASE ENSURE ALL COPIES ARE LEGIBLE**

Top copy to Hospital. Second copy (green) to Health Visitor. Third copy (yellow) to GP. Fourth copy (white) to stay in PCHR.

[www.childhoodtumourtrust.org.uk](http://www.childhoodtumourtrust.org.uk)

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