Body map documentation for birth marks

First Name:	Surname:	Date of Birth:	
Sex: M / F NHS No:	GP:		
Draw and label the map		Record amount and colour of birth marks identified. If 6 or more milky coffee coloured marks (>0.5cm) refer to a paediatrician.	
		Review	
		Refer to paediatrician	
Tend hust	Tend 1 W	Implications discussed with par	ents? Yes / No
1 // /	(())	Name of Examiner	
\	WW	Signature of Examiner	
	(()	Job Title	
NOTES	w w	Date of Examination	
BEFORE DISTRIBUTION, PLEASE E	INSURE ALL COPIES ARE LEGIBLE itor. Third copy (yellow) to GP. Fourth copy (white) to stay in F	 www.childhoodtumourtrust.org.uk	

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