

This form is to be used while using HiCare™ products to detect, record and report any skin concerns e.g. rashes, bruises, pale areas, abnormal skin temperature, pain or discomfort for the person you are looking after.

PATIENT'S NAME: _____

Bed Bath Date

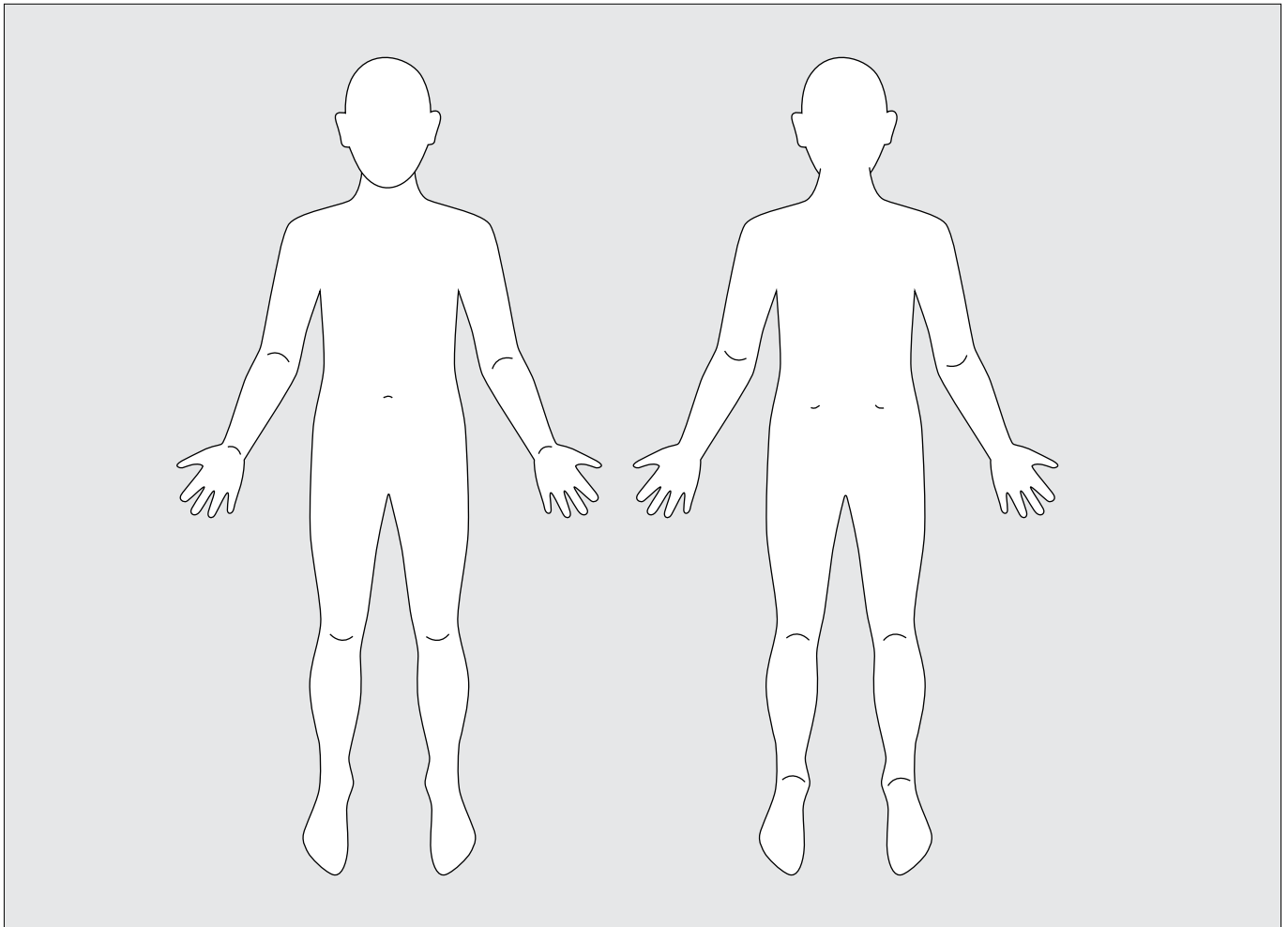
/ /

Bed Bath Time

: AM/PM



AREAS OF CONCERN:



NOTES / CONCERNS:

REPORTED TO: _____

Date: / /

Time: : AM/PM

REPORTED BY: _____

Date: / /

Time: : AM/PM

