

Head To Toe Assessment

PATIENT INFORMATION

Name:: _____ Age:: _____

Gender:: _____ Height:: _____

Weight:: _____

Chief Complaint:

Occupation:: _____

HEAD AND NECK FINDINGS

Scalp:

Hair:

Face:

Eyes:

Ears:

Nose:

Mouth and Throat:

CHEST AND LUNGS

Chest:

Lungs:

CARDIOVASCULAR SYSTEM

Heart:

Peripheral Pulses:

Lower Extremities:

ABDOMEN

Abdomen:

Bowel Sounds:

MUSCULOSKELETAL SYSTEM

Gait:

Joints:

NEUROLOGICAL SYSTEM

Mental Status:

Cranial Nerves:

Reflexes:

GENITOURINARY SYSTEM

Genitalia:

Urine Test: