



Head to Toe Assessment

NAME: _____ AGE: _____ SEX: _____ HEIGHT/WEIGHT: _____
VITALS: T: _____ R: _____ P: _____ O2: _____ B/P: _____

Neurological

Alert Drowsy Lethargic Sedated UTA

Mood/Affect _____

Person: Can you tell me your name?

Place: Can you tell me where you are?

Time: What year is it?

Situation: Tell me why you're here?

Hair/Scalp

Scalp Lesions Dandruff Lice

Color/Consistency of Hair: _____

Eyes

Equal Round Reactive to Light Accommodation

Brisk/Moderate/Sluggish/Fixed

Pupil Size: ____ (in mm) Glasses/Contacts

Ears

WNL Hard of Hearing Deaf Hearing Aids

Mouth

Dentures Full/Partial/Upper/Lower Lesions Sores

Redness Missing Teeth: Yes No

Mucosa (circle): Moist/Dry Pink/Pale/Red

Lungs (Listen both Anteriorly/Posteriorly)

Trachea: Midline/Deviated Clear Diminished

Bilaterally/Right/Left. Cough: Yes No

Productive/Non-Productive Sputum: Yes No

Sputum Quality: Adventitious Lung Sounds Yes No

No Identify: _____

Heart

Apical Pulse Rate: Rhythm: Clarity:

Auscultate: (circle) S1/S2/S3/S4

Neck Veins Distended: Yes No

Abdominal (inspect/auscultate/palpate)

Round/Flat Distended/Non-Distended Soft/Hard

Bowel Sounds (all 4 quadrants): Yes No

Normal/Hyperactive/Hypoactive

Tenderness/Non-Tender Location: _____.

Hernia: Yes No Last BM: Consistency:

Constipation/Diarrhea Nausea/Vomiting.

Continent/Incontinent Hemorrhoids

Extremities

Capillary Refill: ____ secs

Radial Pulses: Equal Present/Absent

Posterior Tibial Pulses: Equal Present/Absent

Dorsalis Pedis Pulses: Equal Present/Absent

Pulse: Absent/Weak/Normal/Bounding

Hand Grasp: Equal Weak/Strong

Leg Strength: (push down hands) Yes No

Ambulates/Chairfast/Bedfast Device:

GU

Continent/Incontinent Oliguric/Anuric

Retention/Urgency/Frequency/Dribbling

Dialysis: Yes No Type: HD/PD Days:

Urine Color: Clarity: Odor:

Skin

Edema Yes No. +1/+2/+3/+4 Location:

Skin Color: Temp: Cold/Cool/Warm/Hot

Nails: Clubbed/No Clubbing Cyanotic/Pink

Surgical Wounds:

Pressure Injuries:

Bruises/Lesions/Rashes:

Pain

Yes No 0-10 Score: Acute/Chronic

Location: Duration: Characteristics: