

Head and Neck Assessment

Patient Information

Name:

Date of Birth:

Medical Record Number:

Date/Time of Assessment:

I. General Observations

Head Shape:

Facial Expressions:

II. Cranial Nerve Assessment

Cranial Nerve I (Olfactory):

Cranial Nerve II (Optic):

Cranial Nerve III, IV, VI (Oculomotor, Trochlear, Abducens)

Pupillary Reaction:

Eye Movements:

Cranial Nerve V (Trigeminal)

Sensation:

Motor Function:

Cranial Nerve VII (Facial):

Cranial Nerve VIII (Vestibulocochlear):

Cranial Nerve IX, X (Glossopharyngeal, Vagus)

Swallowing:

Speech:

Cranial Nerve XI (Accessory):

Cranial Nerve XII (Hypoglossal):

III. Oral Cavity Examination

Gums and Mucous Membranes:

Teeth:

Tongue:

Throat:

IV. Thyroid Gland Examination

Palpation:

Swallowing Test:

V. Lymph Node Assessment

Cervical Lymph Nodes:

Other Lymph Nodes (Specify):

VI. Neck Assessment

Range of Motion:

Stiffness:

VII. Safety Measures

Confirm Patient Identification:

Hand Hygiene:

VIII. Additional Notes

Previous Medical History:

Current Medications:

Patient Concerns/Complaints:

IX. Recommendations and Follow-Up

Further Evaluation Needed:

Next Follow-Up Appointment:

X. Signature of Healthcare Professional

Name:

Credentials:

Date/Time: