

Head to Toe Assessment Cheat Sheet

Patient's Name:

Clinician's Full Name:

Date and Time Conducted:

Level of Consciousness	Neck and Shoulders
<ul style="list-style-type: none"> • Check if the patient is alert, drowsy, lethargic, etc. 	<ul style="list-style-type: none"> • Check neck range of motion. • Check if the shoulder shrug has resistance. • Check for lymph nodes. • Palpate neck and trachea. • Check for JVD. • Check temp vs. trunk
Notes:	Notes:
Orientation	Lungs and Thorax
<ul style="list-style-type: none"> • Ask about time, place, person, and situation. 	<ul style="list-style-type: none"> • Do lung auscultation. • Check for respiration exclusion. • Palpate thorax. • Check for spinal curvature. • Check for the presence of coughing. • Listen to anterior, posterior, and lateral breath sounds
Notes:	Notes:
Vitals	Circulatory system
<ul style="list-style-type: none"> • Check temperature, blood pressure, heart rate, respiratory rate, height, and weight. 	<ul style="list-style-type: none"> • Palpate carotid and temporal artery • Do a heart auscultation • Check apical pulse • Check chest symmetry • Check for any skin turgor
Notes:	Notes:

Head/Face	Arms and Hands
<ul style="list-style-type: none"> • Check the distribution/condition of hair. • Check if the scalp has bumps, nits, or lesions. • Palpate the skull for tenderness. • Check if facial movements are symmetrical. • Check for any sharp and dull sensations on the face. 	<ul style="list-style-type: none"> • Check ROM and strength. • Check arm pulses - brachial and radial. • Check capillary refill time. • Check for skin turgor. • Check if they're feeling any sharp or dull sensation. • Check if the grip is equal and strong. • Check vein filling rapid time.
Notes:	Notes:
Eyes	Legs and Feet
<ul style="list-style-type: none"> • Check symmetry. • Check eyebrow and eyelash distribution. • Check the conjunctiva, sclera, and cornea. • Check if pupils are equal, round, and reactive to light and accommodation. • Check the cardinal positions of the gaze. • Have the patient use the Snellen chart. 	<ul style="list-style-type: none"> • Check strength and ROM. • Check capillary refill time. • Check leg pulses and pedal pulse. • Check for any sharp and dull sensation. • Assess their gait. • Check for the presence of edema. • Check foot strength. • Check temp vs. trunk. • Check the condition of the nails. • Check for claudication.
Notes:	Notes:
Ears	Genitourinary
<ul style="list-style-type: none"> • Inspect/palpate auricle. • Check inside the ear/tympanic membrane. • Conduct the Weber's test. • Conduct the Rinne test. • Conduct the Whisper test. 	<ul style="list-style-type: none"> • Check for presence of pubic hair. • Check for any presence of tenderness, lumps, or lesions.
Notes:	Notes:

Nose	Breast
<ul style="list-style-type: none"> • Palpate nose/symmetry check. • Check the septum and inside nostrils. • Have them breathe through each nostril (patency of nares). • Check if their capability to smell is intact. • Palpate sinuses. 	<ul style="list-style-type: none"> • Palpate breasts
Notes:	Notes:
Mouth and Throat	
<ul style="list-style-type: none"> • Check moistness and color of lips. • Check teeth & gums. • Check buccal mucosa & palate. • Examine tongue. • Inspect uvula & tonsils. • Palpate jaw joint. • Check for any lesions. 	
Notes:	

Additional Notes: