

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

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

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

**Additional Notes:**