

Head-to-Toe Assessment Checklist

Patient's full name: _____ Date and time conducted: _____

Clinician's full name: _____

I. Vital Signs/Stats/Neurological

- Oriented x3
- Temperature: _____
- Blood pressure: _____
- Heart rate: _____
- Respiratory rate: _____
- Height: _____
- Weight: _____

Notes:

II. Head/Face

- Distribution/condition of hair
- Scalp: no bumps, nits, lesions
- Palpate skull for tenderness
- Symmetrical facial movements
- Sharp and dull sensation on face intact

Notes:

III. Eyes

- Symmetrical
- Eyebrow & eyelash distribution
- Check conjunctiva, sclera, cornea
- PERRLA
- Six cardinal positions
- Snellen Chart: _____

Notes:

IV. Ears

- Inspect/palpate auricle
- Inside ear/tympanic membrane
- Weber's test

- Rinne test
- Whisper test

Notes:

V. Nose

- Palpate nose/symmetry check
- Check septum and inside nostrils
- Patency of nares (breathe through each nostril)
- Intact smell
- Palpate sinuses

Notes:

VI. Mouth/Throat

- Lips (moistness & color)
- Teeth & gums
- Buccal mucosa & palate
- Examine tongue * Inspect uvula & tonsils
- Palpate jaw joint

Notes:

VII. Neck/Shoulders

- Neck range of motion
- Shoulder shrug w/resistance
- Lymph nodes
- Palpate neck and trachea
- Check for JVD

Notes:

IX. Lungs/Thorax

- Lung auscultation
- Resp. exclusion: _____
- Palpate thorax
- Spinal curvature
- Coughing? _____

Notes:

X. Circulatory System

- Carotid & temporal artery palpation
- Heart auscultation

Notes:

XI. Gastrointestinal

- Abdominal inspection
- Auscultation for bowel sounds
- Abdomen palpation
- Problems with bowel/bladder?

Notes:

XII. Arms/Hands

- ROM and strength
- Arm pulses (brachial and radial)
- Cap refill
- Skin turgor
- Sharp and dull sensation

Notes:

XIII. Legs/Feet

- ROM and strength
- Cap refill
- Leg pulses
- Sharp and dull sensation
- Assess gait

Notes:

XIV. Genitourinary

- Pubic hair check
- Tenderness, lumps, lesions

Notes:

XV. Breast

- Palpate breasts

Notes:

Additional Notes: