

Head to Toe Assessment

| Patient Information | | |
|------------------------|-------------|---------|
| Name: | Age: | Gender: |
| Height: | Weight: | |
| Chief Complaint: | Occupation: | |
| Head and Neck | Findings | |
| Scalp: | | |
| Hair: | | |
| Face: | | |
| Eyes: | | |
| Ears: | | |
| Nose: | | |
| Mouth and Throat: | | |
| Chest and Lungs | | |
| Chest: | | |
| Lungs: | | |
| Cardiovascular System | | |
| Heart: | | |
| Peripheral Pulses: | | |
| Lower Extremities: | | |
| Abdomen | | |
| Abdomen: | | |
| Bowel Sounds: | | |
| Musculoskeletal System | | |
| Gait: | | |
| Joints: | | |
| Neurological System | | |
| Mental Status: | | |
| Cranial Nerves: | | |
| Reflexes: | | |
| Genitourinary System | | |
| Genitalia: | | |
| Urine Test: | | |