Lung Sounds Chart

Patient Information Name: _____ Date of Birth: Medical Record Number: _____ Date/Time of Assessment: _____ **Auscultation Findings** Use the following chart to document auscultation findings. Mark the corresponding areas on the diagram and provide additional details as necessary. **Normal Sounds Adventitious Sounds Lung Region** Interpretation Summarize the findings and interpret their significance. **Overall Breath Sounds:** Normal

Abnormal

Potential Causes/Considerations:
Recommendations/Next Steps:
Include any further steps required based on the auscultation findings.
Follow-up Assessment:
☐ Scheduled
Urgent
□ Not Required
Additional Diagnostics:
Treatment/Intervention:
Healthcare Provider's Signature:
Date/Time: