

Nursing Skin Assessment

Patient Information
Full Name:
Date of Birth:
Date of Assessment:
Referred By:

Area of Skin	Findings	Interpretation
Scalp and Hair		
Face		
Neck		
Chest and Back		
Arms and Hands		
Abdomen		
Legs and Feet		
Pressure Areas (Coccyx, Heels)		
Overall Skin Color		
Skin Temperature		

Skin Moisture		
Skin Texture		
Skin Turgor		
Presence of Wounds/Ulcers		
Presence of Rash/Discoloration		
Presence of Lesions/Masses		

Overall Interpretation