

# Respiratory Assessment

Date:

Patient's Name:

Examiner's Name:

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## QUESTIONS

**Do you have a respiratory condition?**

- Yes
- No

If yes, what is it, and what's the treatment, if any?

**Do you use respiratory assistive devices or take any medication to help with your respiratory concerns?**

- Yes
- No

If yes, please elaborate.

**Have you been experiencing any shortness of breath?**

- Yes
- No

If yes, please elaborate on when it began, the level of discomfort when it happens, how it goes away, what triggers it, etc.

**Do you have a cough?**

- Yes
- No

If yes, please elaborate on how long you've had the cough, if it's accompanied by sputum or blood, the triggers, and any treatment plan you followed that worked, if any.

**Do you smoke or vape?**

- Yes
- No

If yes, please elaborate on what you smoke/vape, how often and how much, whether you have attempted to quit, and the most effective strategies that helped you quit.

**OBSERVATION**

**Respiration Rate:**

**Pulse:**

**Blood Pressure:**

**Oxygen Saturation:**

**Patient's position:**

**Patient's level of consciousness:**

**Skin color:**

**Presence of clubbing:**

**Presence of labored breathing:**

**Breathing pattern:**

**Breathing level (shallow, deep, “normal”):**

**Sputum assessment results (if the patient is coughing):**

**Additional Notes if the patient is a newborn/infant/child:**

**Additional Notes if the patient is an older adult:**

**AUSCULTATION NOTES:**

**PALPATION NOTES:**

**BREATH AND VOICE SOUND NOTES:**

**PERCUSSION NOTES:**

**OTHER NOTES:**