

Skin Assessment

Date: _____

Patient's name: _____

Examiner's name: _____

<p>Do you have any skin concerns or exhibit symptoms of possible skin problems?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, please describe:</p>
<p>Have you been diagnosed with a skin condition?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>If yes, what is it, and please describe the treatment/medication used.</p>
<p>Skin color</p> <p><input type="checkbox"/> Normal Erythema</p> <p><input type="checkbox"/> Pallor Jaundice</p> <p><input type="checkbox"/> Cyanosis Other:</p>	<p>Remarks:</p>
<p>Skin temperature</p> <p><input type="checkbox"/> Warm</p> <p><input type="checkbox"/> Cool</p> <p><input type="checkbox"/> Hot</p> <p><input type="checkbox"/> Other:</p>	<p>Remarks:</p>
<p>Skin moisture</p> <p><input type="checkbox"/> Smooth Moist</p> <p><input type="checkbox"/> Dry Other:</p> <p><input type="checkbox"/> Rough</p>	<p>Remarks:</p>
<p>Skin turgor</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Decreased</p> <p><input type="checkbox"/> Other:</p>	<p>Remarks:</p>

Lesions and other abnormalities**Presence of lesion?**

- Yes
 No

If yes, describe below:

Presence of wound?

- Yes
 No

If yes, describe below:

Presence of edema?

- Yes
 No

If yes, describe below:

Additional notes