## **Skin Assessment**

Date:		
Patient's name:		Examiner's name:
Do you have any skin concerns or exhibit symptoms of possible skin problems?   Yes		If yes, please describe:
□ No		
Have you been diagnosed with a skin condition?		If yes, what is it, and please describe the treatment/medication used.
☐ Yes		
□ No		
Skin color		Remarks:
☐ Normal	Erythema	
☐ Pallor	Jaundice	
☐ Cyanosis	Other:	
Skin temperature		Remarks:
☐ Warm		
☐ Cool		
☐ Hot		
Other:		
Skin moisture		Remarks:
☐ Smooth	Moist	
□ Dry	Other:	
☐ Rough		
Skin turgor		Remarks:
☐ Normal		
☐ Decreased		
☐ Other:		

Lesions and other abnormalities		
Presence of lesion?	If yes, describe below:	
☐ Yes		
□ No		
Presence of wound?	If you donor be below.	
	If yes, describe below:	
□ No		
Presence of edema?	If yes, describe below:	
☐ Yes		
□ No		
Additional notes		