

Skin Assessment

Date:

Patient's Name:

Examiner's Name:

Questions

Do you have any skin concerns or exhibit symptoms of possible skin problems?

Yes

No

If yes, please describe.

Have you been diagnosed with a skin condition?

Yes

No

If yes, what is it, and please describe the treatment/medication used.

SKIN COLOR NOTES:

SKIN TEMPERATURE NOTES:

SKIN MOISTURE NOTES:

SKIN TEXTURE NOTES:

SKIN TURGOR NOTES:

SKIN + SCALP SURFACE OBSERVATIONS:

OTHER NOTES: