

# Skin Assessment

Date:

Patient's Name:

Examiner's Name:

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## 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:**