

Skin Turgor Test

Patient Information

Name: _____ Age: _____

Gender: _____ Date of Birth: _____

Patient ID: _____

Date of Test: _____ Time of Test: _____

Clinical Information

Primary Diagnosis

Relevant Medical History

Current Medication

Allergies

Skin Turgor Test Details

1. Test Site

- Back of Hand
- Lower Arm
- Abdomen
- Other (specify):

2. Preparation

- Site Cleaned
- Site Dried
- Gloves Used (If Necessary)

Test Performance

Description of how the test was performed

Test Findings

- Normal Recoil (Rapid Return to Original Position)
- Delayed Recoil (Slow Return, Potential Tenting)

Observations:

Overall Assessment

Interpretation of Skin Turgor Test Results

Additional Observations (e.g., signs of dehydration, other relevant clinical signs)

Plan/Recommendations

Immediate Actions Taken

Further Testing/Referrals

Patient Education Provided

Follow-up Required

Yes

No

Date of Next Evaluation

Practitioner's Information

Name: _____

Title: _____

Signature: _____

Date: _____