



Head-to-Toe Assessment: Checklist and Documentation

Conducted by: _____

Date: _____ Time: _____

Vital Signs/Stats/Neurological:

- Oriented x 3
- Temp: _____
- BP: _____
- Heart rate: _____
- Respiratory rate: _____
- Height: _____
- Weight: _____

Notes: _____

Head/Face:

- Distribution/condition of hair
- Scalp: no bumps, nits, lesions
- Palpate skull for tenderness
- Symmetrical facial movements
- Sharp and dull sensation on face intact

Notes: _____

Eyes:

- Symmetrical
- Eyebrow & eyelash distribution
- Check conjunctiva, sclera, cornea
- PERRLA
- Six cardinal positions
- Snellen Chart: _____

Notes: _____

Ears:

- Inspect/palpate auricle
- Inside ear/tympanic membrane
- Weber's test
- Rinne test
- Whisper test

Notes: _____

Nose:

- Palpate nose/symmetry check
- Check septum and inside nostrils
- Patency of nares (breathe through each nostril)
- Intact smell
- Palpate sinuses

Notes: _____

Mouth/Throat:

- Lips (moistness & color)
- Teeth & gums
- Buccal mucosa & palate
- Examine tongue
- Inspect uvula & tonsils
- Palpate jaw joint

Notes: _____

Neck/Shoulders:

- Neck range of motion
- Shoulder shrug w/resistance
- Lymph nodes
- Palpate neck and trachea
- Check for JVD

Notes: _____
