

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

## IM1 Patient Physical Assessment Narrative

**PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS: (Complete using assessment check list and reminders below).**

**GENERAL INFORMATION** (Time of assessment, admit diagnosis, general appearance)

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**Neurological–sensory** (LOC, sensation, strength, coordination, speech, pupil assessment)

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**Comfort level: Pain rates at \_\_\_\_\_ (0-10 scale) Location:** \_\_\_\_\_

**Psychological/Social** (affect, interaction with family, friends, staff)

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**EENT** (symmetry, drainage of eyes, ears, nose, throat, mouth, including dentition, nodes, and swallowing) \_\_\_\_\_

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**Respiratory** (chest configuration, breath sounds, rate, rhythm, depth, pattern)

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**Cardiovascular** (heart sounds, apical and radial rate, rhythm, radial and pedal pulse, pattern)

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**Gastrointestinal** (bowel habits, appearance of abdomen, bowel sounds, tenderness to palpation) \_\_\_\_\_

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\_\_\_\_\_ **Last BM** \_\_\_\_\_

**Genitourinary-Reproductive** (frequency, urgency, continence, color, clarity, odor, vaginal bleeding, discharge) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Urine output** (last 24 hrs) \_\_\_\_\_ **LMP** (if applicable) \_\_\_\_\_

**Musculoskeletal** (alignment, posture, mobility, gait, movement in extremities, deformities)

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\_\_\_\_\_

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**Skin** (skin color, temp, texture, turgor, integrity)

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**Wounds/Dressings**

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\_\_\_\_\_

**Other**

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