

Student Name: _____

Date: _____

IM2 Patient Physical Assessment Narrative

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

Age _____ Sex _____ Diagnosis & Onset _____

Chief Complaint _____

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

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

Comfort level: Pain rates at _____ (0-10 scale) Location: _____

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

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

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

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) _____

_____ **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)

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

Wounds/Dressings

Other
