

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

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

## IM2 Patient Physical Assessment Narrative by Systems

**(Complete using assessment check list and reminders in parenthesis below)**

Age \_\_\_\_\_ Sex \_\_\_\_\_ Diagnosis & Onset \_\_\_\_\_

Chief Complaint \_\_\_\_\_

**GENERAL INFORMATION** (Time of assessment, 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

## IM2 Patient Physical Assessment Narrative by Systems

**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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_