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 of eyes, ears, nose; drainage; throat, mouth, teeth; swallowing) _____

_____

_____

_____

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

_____

_____

_____

_____

Cardiovascular (heart sounds; apical and radial rate + rhythm; radial and pedal pulse + pattern)

_____

_____

_____

_____

Adopted: August 2016
Revised: October 2023

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; 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 (location, description)

_____

_____

_____

_____

Other

_____

_____

_____

_____

Adopted: August 2016
Revised: October 2023