

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)

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

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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; 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_