Physical Assessment

PHYSICAL ASSESSMENT NARRATIVE BY SYSTEMS
Complete using assessment check list and reminders below
GENERAL INFORMATION (Time of assessment, admit Dx, general appearance)_____

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

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Psychological/Social (affect, interaction with family)_____

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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 pulses, 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)_____

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_____**Urine output (last 24 hours)**_____

_____**LMP (if applicable)**_____

Skin-Musculoskeletal (skin color, temperature, texture, turgor, integrity, mobility, gait, alignment, joint function)_____

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

Wounds/Dressings

Other comments