

Head-to-Toe Assessment Template

Overview & History

Describe the reason for examination, previous medical history relevant to current assessment, recent changes in health, current complaints, and any contributing factors or relevant details.

Head-to-Toe Assessment

Hair, Skin & Nails

Describe the colour, texture, temperature, moisture, turgor, integrity, lesions, rashes, scars, pressure injuries, or abnormalities. Comment on hair distribution, scalp condition, and nail appearance.

Head & Neck

Note head symmetry, size, facial movements, tenderness, lymph node palpation, and range of motion in the neck. Mention any visible swelling, abnormalities, or neck stiffness.

Eyes & Vision

Describe eye alignment, pupil size and reactivity, conjunctiva appearance, discharge, field of vision, and visual acuity. Mention the use of corrective lenses, if applicable.

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Ears

Document ear canal condition, hearing status, presence of discharge, wax build-up, tenderness on palpation, and tympanic membrane appearance.

Nose & Sinus

Describe the condition of nasal mucosa, patency of nares, septum deviation, discharge, bleeding, or tenderness over sinus areas

Mouth & Throat

Include inspection of lips, teeth, gums, tongue, palate, uvula, and tonsils. Note the presence of lesions, inflammation, dental hygiene, or odour. Mention swallowing ability and any discomfort.

Thoracic (Cardio-vascular, Respiratory, Breasts, Lymph)

For cardiovascular: document heart sounds, rhythm, murmurs, peripheral pulses, and capillary refill. For respiratory: include respiratory rate, breath sounds, presence of wheezing or crackles, and chest expansion. For breasts: note any asymmetry, lumps, or skin changes. For lymph: assess axillary and supraclavicular lymph nodes for swelling or tenderness.

Genito-urinary

Describe urination patterns, incontinence, discharge, or abnormalities. Note reproductive organ examination findings only if medically indicated and appropriate.

Rectum

Describe tone, presence of haemorrhoids, masses, tenderness, or bleeding. Note whether a digital rectal examination was conducted and findings, if applicable.

Extremities and Musculo-skeletal System

Comment on symmetry, swelling, strength, range of motion, deformities, gait, and signs of inflammation. Mention joint tenderness or limitations.

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Neuro-logical

Describe the level of consciousness, orientation, cranial nerve function, reflexes, coordination, motor strength, and sensory response. Note any signs of neurological impairment or abnormalities.

A large, empty rectangular box with a light blue background, intended for a user to input a description of neurological findings.

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