

Head-to-Toe Assessment Documentation

Patient Information

Name: DOB:

Assessment Date:

General Appearance

Vital Signs

Temperature: HR: RR:
breaths/min BP: SpO₂:
%

Head, Eyes, Ears, Nose, Throat (HEENT)

Neck

Respiratory

Cardiovascular

Abdomen

Genitourinary

Musculoskeletal

Skin

Warm, dry, intact, no rashes or

Neurological

Alert, oriented, cranial nerves II

Psychosocial

Mood appropriate, interacts pl