

# Head-to-Toe Assessment Documentation

## Patient Information

Name:  DOB:

Assessment Date:

## General Appearance

## Vital Signs

Temperature:  HR:  RR:   
BP:  SpO<sub>2</sub>:

## 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