

## Head-to-Toe Checklist

(For use with Body Condition Diagram)

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

This form must be completed when any injury is noted and/or following any fall.  
 Direction (X ) appropriate column. If "yes" describe assessment findings and follow up in the COMMENT section below.

		Problem				Problem	
		Yes	No			Yes	No
Head:	Face			Back:	Upper		
	Eyes				Lower		
	Ears				Buttocks		
	Mouth			Lower Body:	Waist		
	Scalp				Abdomen		
<b>If yes, include neurological check form.</b>					Hips		
Neck:	Front				Thighs		
	Back				Upper Legs		
Upper Body:	Shoulders			Knees			
	Upper Arms			Ankles			
	Elbows			Feet			
	Lower Arms			Toes			
	Wrists						
	Hands						
	Fingers						
	Chest						

Is there a breakdown of skin integrity, (i.e.: scrape, cut, bruise, redness, warmth, swelling, rash, etc). Describe size of wound and specific location. (Indicate on body diagram on back.) Is there pain, tenderness, weakness, loss of use or deformity? Is there bleeding or drainage? Describe type and amount.

COMMENT: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Staff Signature & Title: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date/Time: \_\_\_\_\_