

# HEAD TO TOE ASSESSMENT

Client Initials \_\_\_\_\_ Room # \_\_\_\_\_ Student name \_\_\_\_\_ Date \_\_\_\_\_

<b>MEDICAL DIAGNOSES</b>	
<b>NURSING DIAGNOSES</b>	
<b>GENERAL SURVEY</b>	
<b>NEUROLOGICAL</b> Cranial Nerves Orientation	
<b>CARDIOVASCULAR</b>	
<b>RESPIRATORY CHEST</b>	
<b>GASTROINTESTINAL</b>	
<b>GENITOURINARY</b>	
<b>MUSCULOSKELETAL</b>	
<b>INTEGUMENTARY</b>	
<b>PSYCHOSOCIAL</b>	
<b>ERIKSON STAGE OF DEVELOPMENT WITH SUPPORTING BEHAVIOR</b>	

