Head, Neck, Thyroid, and Lymphatics

Name: ____ **Date:** ____________

Age ____________ **Gender** ___________________

History

Review of History Related to Head, Neck, Thyroid, and Lymphatics

YES/NO **If YES, provide details:**

Head, Hair, Scalp, Face

☐ ☐ Head injury ____
☐ ☐ Headache ____
☐ ☐ Dizziness/LOC ____
☐ ☐ Hair problems/loss ____
☐ ☐ Itching or flaking scalp ____
☐ ☐ Scalp infection/lesions ____
☐ ☐ Facial weakness, swelling ____
☐ ☐ Facial pain or numbness ____

Neck, Thyroid

☐ ☐ History of neck injury
☐ ☐ Neck pain, limitation of motion ____
☐ ☐ Lumps or swelling ____
☐ ☐ Problems swallowing ____
☐ ☐ Lump or thickness in throat ____
☐ ☐ History of thyroid problems ____
☐ ☐ Fatigue or anxiety ________________________
☐ ☐ Weight change ____

Lymphatics

☐ ☐ Swelling, pain in nodes ____
☐ ☐ Repeated infections ____
☐ ☐ Cough or cold ____
☐ ☐ Recent illness or injury ____
☐ ☐ Allergies ____

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Current medications*:* ____

Family history hair, scalp, face, lymphatic, or thyroid: ______________________________

____

Focused symptom analysis of current problem

Reason for visit: ____

____

Character: ____

Onset: ____

Duration: ____

Location: ____

Severity: ____

Associated problems: ____

Efforts to treat: ____

Physical Assessment

Inspection

Hair (hair pattern, loss, texture, quantity, quality): ______________________________

____

Scalp (intactness, lesions, scars): ____

____

Face (color, symmetry, features, lesions, scars, symmetrical mobility): __________________

____

Eyes (pronounced eyes, wide eye opening, staring appearance): ______________________

____

Temporal, carotid artery (noted distention or pulsations): __________________________

____

Thyroid (swelling, displaced trachea, neck movement limitation): ____________________

____

Lymphatics (node swelling, redness): ____

Trachea placement ____

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Palpation

Hair and scalp (hair texture, lesions, pain, tenderness, masses, texture): ____________________

____

Face (pain or tenderness, nodules or swelling, skin texture): ______________________________

____

Temporal, carotid artery (pulse rate and quality) ______________________________________

____

Thyroid (size, symmetry, position, movement with swallowing): ___________________________

____

Lymphatics (swelling, warmth, tenderness): ____

Trachea (mobility, placement): ____

Auscultation

Temporal arteries (rate, rhythm, bruits): ____

____

Carotid arteries (rate, rhythm, bruits): ____

Thyroid Gland (if enlarged): ____

____

Analysis

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____

____

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