

Skin, Hair, and Nails

Name: _____

Date: _____

Age _____ Gender _____

History

Review of History Related to Hair, Skin, and Nails:

YES/NO

If YES, provide details:

General

- Current integumentary problems _____
- Illness during past week _____
- Current medical conditions _____
- Change in color or texture of skin _____
- Allergies _____

Skin

- Dry or oily skin _____
- Current skin condition _____
- Lesions or infections _____
- Pain or itching of skin _____
- Scales, scabs, or flaking _____
- Body odor _____
- Recent or increased bruising _____
- Change in mole _____
- Sores that do not heal _____
- History of skin cancer _____
- Usual sun exposure _____
- Use of sun screen _____
- Occupational exposures _____

Hair

- Changes in hair texture _____
- Changes in hair amount _____

- Scalp irritation or itching _____
- Scalp infection infestation _____
- Use of dyes or bleach _____

Nails

- Problems or changes in nails _____
- Increased brittleness _____
- Color or shape changes _____
- Infections of the nails _____
- Wear artificial nails _____
- Biting or chewing nails _____

Family history of problems relating to the skin, hair, and nails: _____

Review of history related to the current visit:

Focused symptom analysis of current problem:

Reason for visit: _____

Character: _____

Onset: _____

Duration: _____

Location: _____

Severity: _____

Associated problems: _____

Efforts to treat: _____

Current medications: _____

Allergies: _____

Physical Assessment

Assure adequate lighting overhead and a moveable light source. Have client disrobed and draped for privacy. Assure warmth of room. Have gloves available to the nurse.

Skin:

Inspect and palpate the skin.

General appearance (cleanliness, color, evenness of color/pigmentation, texture, moisture, temperature, edema, intactness, lesions or scars):

Body odor: _____

Lesion evaluation: **Location:** _____

Distribution: _____

Shape: _____

Size/s: _____

Color, texture, distribution: _____

Discharge or exudate (describe): _____

Palpation characteristics: _____

YES **NO**

 Infection noted _____

 Infestation _____

 Discolorations _____

Hair:

Inspect and palpate the Hair.

General characteristics — head (color, amount, distribution, texture, moisture):

General characteristics — face, eyebrows (color, amount, distribution, texture, moisture):

General characteristics — body hair (color, amount, distribution, texture, moisture):

YES **NO**

 Balding areas _____

 Nits or infestations _____

Nails:

Inspect and palpate the nails.

General characteristics — hands (color, texture, grooming, artificial nails, evidence of infection):

General characteristics — feet (color, texture, grooming, evidence of infection):

YES **NO**

<input type="checkbox"/>	<input type="checkbox"/>	Nail clubbing	_____
<input type="checkbox"/>	<input type="checkbox"/>	Nail spooning	_____
<input type="checkbox"/>	<input type="checkbox"/>	Infection noted	_____
<input type="checkbox"/>	<input type="checkbox"/>	Other noted problem	_____

Analysis:
