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		
☐	☐	Nail clubbing	_____
☐	☐	Nail spooning	_____
☐	☐	Infection noted	_____
☐	☐	Other noted problem	_____

Analysis:

_____
_____
_____
_____
_____
_____