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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