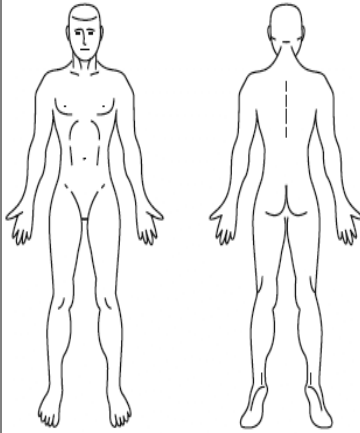




<b>Musculoskeletal:</b>	
<input checked="" type="checkbox"/> <b>Within Normal Limits / No problems noted</b>	
Muscle tone: ( ) flaccid/paralyzed ( ) atrophy LOCATION _____	
Strength: ( ) UE* ( ) LE* ( ) weak ( ) paralysis LOCATION _____	
Range of Motion (ROM): ( ) limited LOCATION _____	
Gait: ( ) unsteady ( ) other: specify _____	
( ) Assistive device: specify _____	
Activity assistance level: ( ) Dependent 100% ( ) Maximal 75% ( ) Moderate 50%	
( ) Minimal 25% ( ) Supervision / Stand-by assist; no touching of patient	
( ) Modified Independence; uses assistive devices independently plus no touching of patient by others	
( ) Independent; no assistive device in use plus no assistance from others	
<b>Comments :</b>	
<b>Integumentary:</b>	
<input checked="" type="checkbox"/> <b>Within Normal Limits / No problems noted</b>	
Skin Color: ( ) pale ( ) jaundice ( ) cyanotic	
Temp / texture / moisture: ( ) cool ( ) rough ( ) moist ( ) dry	
( ) sweating ( ) oily	
Presence of Rash?: ( ) Yes ( ) No location _____	
size(cm): length _____ depth _____ width _____	
wound bed color _____ characteristics _____	
( ) moist ( ) dry	
Presence of Wound?: ( ) Yes ( ) No location _____	
size(cm): length _____ depth _____ width _____	
drainage _____; wound bed color _____; odor _____	
dressing, if any _____	
Presence of Pressure sore: ( ) Yes ( ) No location _____;	
stage: ( ) 1 ( ) 2 ( ) 3 ( ) 4; Eschar?: ( ) Yes ( ) No	
size (cm): length _____ depth _____ width _____	
drainage _____; wound bed color: _____; odor _____	
dressing, if any _____	
Presence of Incision site: ( ) Yes ( ) No location _____	
size (cm): length _____ depth _____ width _____	
drainage _____; wound bed color _____; odor _____	
presence of ( ) staples ( ) sutures ( ) dermabond	
dressing, if any _____	
<b>Comments:</b>	
<b>Please use drawing below for additional information:</b>	
	
<b>PRINTED NAME/ SIGNATURE:</b>	
<b>DATE &amp; TIME:</b>	
<div style="display: flex; justify-content: space-between;"> <div> <p>*RUE – Right Upper Extremity</p> <p>*R- Right</p> <p>*LLE- Left Lower Extremity</p> <p>*UE- Upper Extremity</p> </div> <div> <p>*LUE- Left Upper Extremity</p> <p>*L- Left</p> <p>*RLE- Right Lower Extremity</p> <p>*LE- Lower Extremity</p> </div> </div>	