Skin Turgor Test

PATIENT INFORMATION

Name: _____ Age: _____

Gender:

◯ Male ◯ Female ◯ Other

Date of birth: _____ dd / mm / yyyy Patient ID: _____

Date of test: _____ dd / mm / yyyy Time of test: _____

CLINICAL INFORMATION

Primary diagnosis:

Relevant medical history:

Current medication:

Allergies:

SKIN TURGOR TEST DETAILS

Test site:

- ☐ Back of hand
- ☐ Lower arm
- ☐ Abdomen
- ☐ Other

Preparation:

- ☐ Site cleaned
- ☐ Site dried
- ☐ Gloves used (if necessary)

Test performance:

Test findings:

◯ Normal recoil (rapid return to original position) ◯ Delayed recoil (slow return)

Observations:

OVERALL ASSESSMENT

Interpretation of skin turgor test results:

Additional observations (e.g., signs of dehydration, other relevant clinical signs):

PLAN/RECOMMENDATIONS

Immediate actions taken:

Further testing/referrals:

Patient education provided:

Follow-up required:

◯ Yes ◯ No

Date of next evaluation: _____ dd / mm / yyyy

PRACTITIONER'S INFORMATION

Name: _____ **Title:** _____

Signature:
Date: _____ dd / mm / yyyy