Nursing Skin Assessment Checklist

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Patient Information

Name:

Gender:

Age:

Date and Time of Assessment:

Medical Number:

Assessor:

Allergies/sensitivities:

Subjective assessment

Complaints related to skin

History of skin conditions

Medications affecting the skin

Objective assessment

Color

Moisture

Temperature

Turgor

Odor/Discharge

Integrity

Palpitation

Texture

Lesions/Wounds/Rashes

Signs of Inflammation

Specific areas assessed

Documentation

Description of observed lesions/wounds/rashes

Treatments applied

Risk factor assessment

Immobility/mobility status

Incontinence/continence issues

Nutritional status/hydration

Presence of medical devices

History of chronic illnesses

Additional notes

Please attach photographic documentation if allowed.

Name of assessor – signature

Date: