

Client Identification:

Nutrition-focused Physical Examination: Observations

Circle any terms that describe observations, Write in any additional observations

Note: Record Left (L), Right (R) or Bilateral (refers to Patient's Right and Left)

OVERALL

Affect/Demeanor: Flat, Depressed, In pain, Uninterested, Cooperative, Energetic, Cognitively Impaired

Body Type: Apple Pear Other Ht ____ " Wt ____ # BMI ____ Normal weight Overweight Obese

Functional ability (physically): Normal, Impeded, List disabilities _____

HEAD

Eye: Xanthalams around orbit _____

Foamy, white, Bitot Spots; _____

Color of sclera: Bluish tinge, Dark spots, Red vascularization _____

Reports able OR not able to adapt vision quickly from light to dark _____

Lips: Upper, Lower; Angular Stomatitis, Cheilosis, Fading margins, Color _____

Other _____

Tongue: Color- Scarlet, Magenta, Pale, Beefy-red, White coating, _____

Filiform papillae: Atrophy, _____

Fungiform papillae: Hypertrophy, _____

Surface: Lobulated, Furrows, Fissures, Sore, Other _____

Edges, Sides (Right, Left, Bilateral): Smooth, Shiny, _____

Gums & Bone Structure: Color: Pale, Red, Inflamed, Sore to touch _____

Swollen, Bleeding_gingiva _____

Tori/Torus: Upper #__ ; Lower #__ Other _____

Mucosa: Inflammation, Ulceration _____

Facial Skin: (Location face, ears, nasal area) Color – Pale, Normal, Red; Abnormal vacularization

Appearance: Scaly-oily (sebacious), Rough, Dry, Flaky, Ear xanthomas Other _____

Neck: Goiter, Acanthosis nigricans, Structural position, Parotid gland enlargement _____

Hair: Easily pluckable _____ hairs; Client reports thinning; Coarse, Dry, Natural discoloration,

Flag sign, Other _____

TRUNK & EXTREMITIES:

Skin: (List location: arms, hands, trunk, legs, other)

Appearance: Scaly – Oily appearing (sebaceous) Rough, Dry, Flaky _____

Red (erythema), Xanthomas _____

Ecchymoses, Purpura, _____

Discoloration in areas exposed to sun: _neck, chest, hands, ankles, feet, _____

Hair follicles: Perifollicular petechiae, Perifollicular keratosis, _____

Edema, pitting + _____ Nonpitting; Other _____

Fingernails/Toenails: Spoonshaped; Pale, Transverse lines, Splinter-hemorrhages

Bones/Joints: Pain, Widening, _____

Other: _____

Medications: Possible interactions _____

Labs: Possible nutrition-focused abnormalities _____

Patient complaints/comments during examination (Subjective Info) _____

Recommendations / Conclusions _____

Examiner _____, _____ Date _____