

REGIONAL WRITE-UP—HEAD, FACE, AND NECK

Date _____

Examiner _____

Patient _____ Age _____ Gender _____

Reason for visit _____

I. Health History

	No	Yes, explain
1. Any unusually frequent or unusually severe headaches ?	_____	_____
2. Any head injury ?	_____	_____
3. Experienced any dizziness ?	_____	_____
4. Any neck pain ?	_____	_____
5. Any lumps or swelling in head or neck?	_____	_____
6. Any surgery on head or neck?	_____	_____

II. Physical Examination**A. Inspect and palpate the skull**

General size and contour _____

Deformities, lumps, tenderness _____

Temporal artery _____

Temporomandibular joint _____

B. Inspect the face

Facial expression _____

Symmetry of structures _____

Involuntary movements _____

Edema _____

Masses or lesions _____

Color and texture of skin _____

C. Inspect the neck

Symmetry _____

Range of motion, active _____

Test strength of cervical muscles _____

Abnormal pulsations _____

Enlargement of thyroid _____

Enlargement of lymph and salivary glands _____

D. Palpate the lymph nodes

Exact location _____

Size and shape _____

Presence or absence of tenderness _____

Freely movable, adherent to deeper structures, or matted together _____

Presence of surrounding inflammation _____

Texture (hard, soft, firm) _____

E. Palpate the trachea**F. Palpate the thyroid gland****G. Auscultate the thyroid gland (if enlarged)**

REGIONAL WRITE-UP—HEAD, FACE, AND NECK

Summarize your findings using the SOAP format.

Subjective (Reason for seeking care, health history)

Objective (Physical examination findings)

Assessment (Assessment of health state or problem, diagnosis)

Plan (Diagnostic evaluation, follow-up care, patient teaching)