

HEAD TO TOE ASSESSMENT

PATIENT NUMBER # _____ DATE/TIME ARRIVED _____

NAME/DESCRIPTION _____

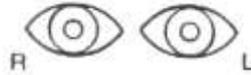
GENDER: M F Other INITIAL TRIAGE STATUS: R Y G B

DATE OF BIRTH _____ or approximate age _____

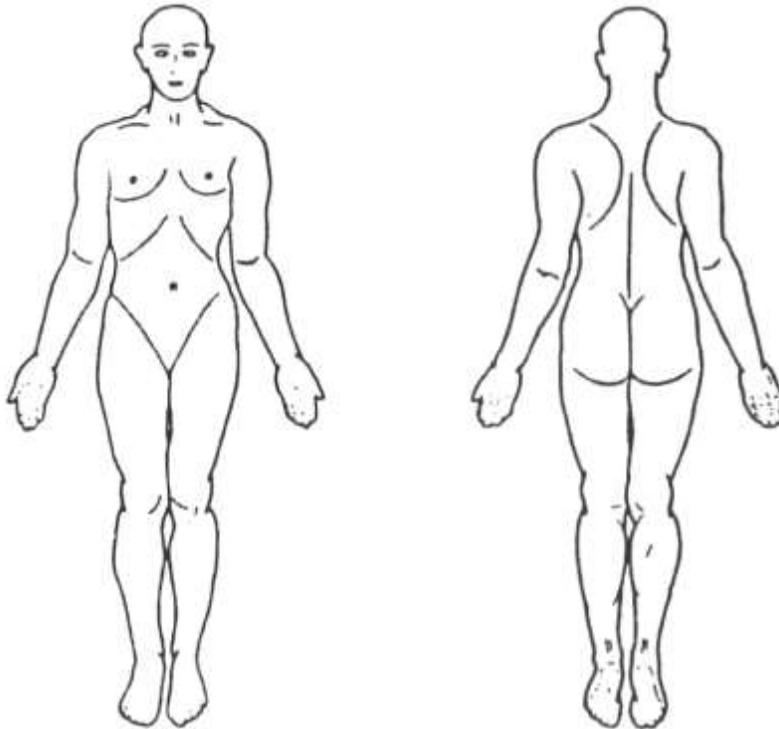
SYMPTOMS: _____

ALLERGIES: _____

MEDICATIONS: _____



Patient's Right Patient's Left Patient's Left Patient's Right



Mark site of symptom with symbol	Respiration/ Perfusion (R/P)	Level of consciousness (M)	Check Pupils
X = Pain	R: less than 30 per minute	A = Alert	E = Equal size
B = Bleeding	P: 2 seconds or less	T = Responds to talking	R = Reacts to light
F = Deformity		P = Responds to pain	
● = Bruising		U = Unresponsive	
H = Burn			
	N =Nausea; V=Vomiting		

