

Nursing Skin Assessment Checklist

Patient assessment	
Name	Age
Gender	Medical number
Date and time of assessment	Assessor
Allergies/sensitivities	
Subjective assessment	
Complaints related to skin	
History of skin conditions	
Medications affecting the skin	
Objective assessment	
Color	Integrity
Moisture	Palpitation
Temperature	Texture

Turgor	Lesions/wounds/rashes
Odor/discharge	Signs of inflammation
Specific areas assessed	
Documentation	
Description of observed lesions/wounds/rashes	
Treatments applied	
Risk factor assessment	
Immobility/mobility status	Nutritional status/hydration
Incontinence/continence issues	Presence of medical devices
History of chronic illnesses	
Additional notes	

Please attach photographic documentation if allowed.

Name of assessor – signature	Date