

Name: _____

Date: _____

Health Assessment

W R I S T F Q H I V P K K G J N D
G H A N D H Y G I E N E C S Z J K
P O D U E P A L P A T I O N P G D
T U Z H I K Y B I A B Y I Z E R P
J O M I N S P E C T I O N M W D H
Q R Z A X S U V E L B O W Z L X P
S P N N S Y M L I A J O G D D G E
U Q Q R R H Y P E R T E N S I O N
Q S H Y P E R E X T E N S I O N N
S G Y B X L A T E R A L R W G T H
W T E V V M H S T F L E X I O N D
B W O G V A L O G N R T K O I O X
J S V Z C I D K O W K Q O P G E L
P H E B A R O O O L F A C T I O N
Z R S H G T A C H Y C A R D I A U
W E M A F E B R I L E Z V I P P M
B M H O Y S P I N E Q X W H A C E

hyper extension
tachycardia
palpation
febrile
spine

hypertension
inspection
flexion
wrist

hand hygiene
olfaction
lateral
elbow