

Name: _____

Date: _____

Health Assessment

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

capillary refill
thumb wrist
extensions
hypoxia
spine

bilateral pulses
tachycardia
dilation
flexion
rate

heart sounds
ypertension
cardiac
aortic