Assessment of Head and Neck — Form 5

Surname _____

Forename _____

Age ☐☐ Sex ☐

For office use

CHI Number D D M M Y Y ☐☐☐☐☐☐☐☐☐☐

Examination Date

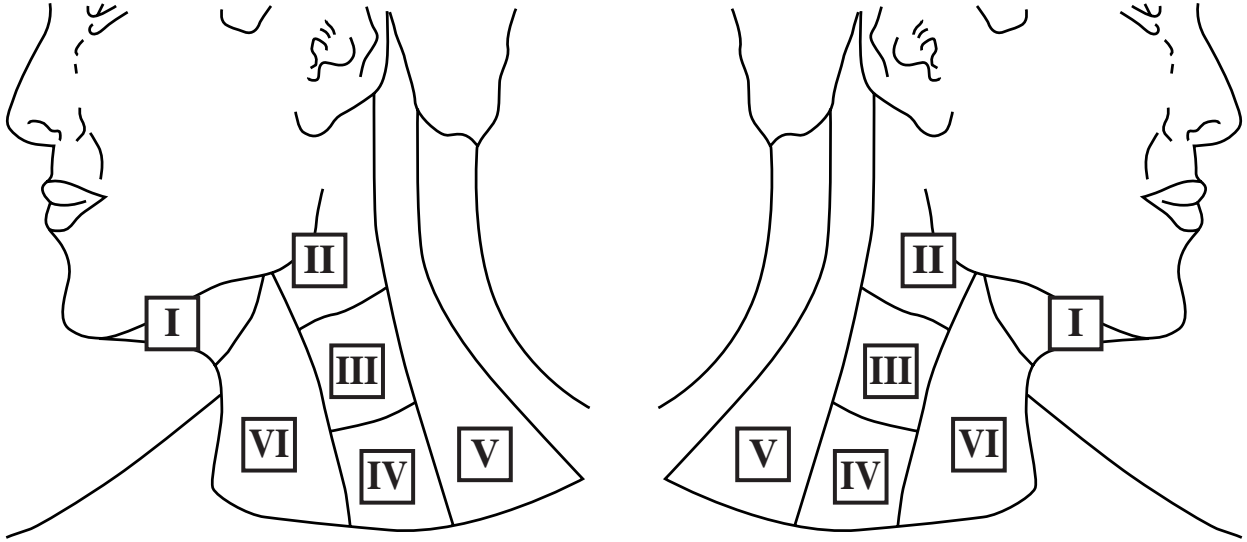
Day ☐☐ Month ☐☐ Year ☐☐☐☐

Assessment of: Please tick boxes when examination is completed

Skin (including swellings) ☐ Facial bones ☐

TMJ ☐ Lymph nodes ☐

Please circle as appropriate, if an abnormality is found in the following groups of lymph nodes.



Note of abnormalities found

Referral (Please tick)

No referral required ☐

Non-urgent referral ☐ Urgent referral ☐

Signature of Practitioner _____ **Date** _____