

Assessment of Head and Neck

Form 5

Surname _____

Forename _____

Age

Sex

For office use

D D M M Y Y

CHI Number

Examination Date

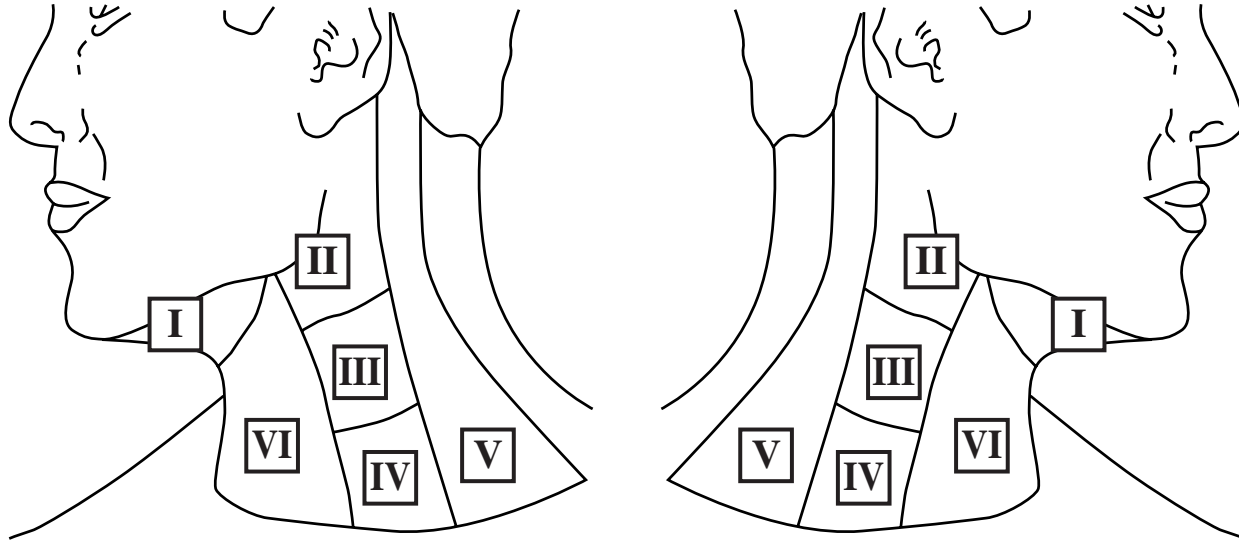
Day Month Year

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 _____