Assessment of Head and Neck

Surname

Forename

Age  Sex

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