

Admission Nursing Note

Patient information	
Name:	Gender:
Date of birth:	Age:
Medical record number:	
Date of admission:	
Chief complaint:	
Allergies:	
Medical history:	
Current medications:	
Vital signs	
Temperature:	Blood pressure:
Pulse:	Respiratory rate:
Oxygen saturation:	
Physical assessment	
General appearance:	
Neurological status:	
Cardiovascular:	
Respiratory:	

Gastrointestinal:

Genitourinary:

Musculoskeletal:

Skin integrity:

Pain level:

0 1 2 3 4 5 6 7 8 9 10

Diagnostic tests

Plan of care

Additional notes

Attending nurse information

Name:

Date:

Time:

Signature: