Comprehensive Health Assessments in Nursing

Patient information	
Name:	
Date of birth:	**Contact information:**
Address:	
Emergency contact person and contact number:	
Date of assessment:	
Vitals	
Temperature:	**Blood pressure:**
Heart rate:	**Respiratory rate:**
SPO2:	
Medical history	
Primary care provider (PCP):	**Date of last PCP visit:**
Current medications (name, dose, frequency):	**Allergies (medication, food, environmental):**
Past medical conditions (chronic or acute):	**Surgeries/hospitalizations (dates, reasons):**
Family history (hereditary conditions):	**Immunizations (check all that apply):**
	☐ Influenza ☐ Pneumonia ☐ COVID-19 ☐ Tetanus ☐ Others:

Psychosocial assessment

Emotional well-being

How do you feel emotionally most days?	History of mental health concerns (anxiety, depression, etc.):

Support systems

Family, friends, community, etc.:	Does the patient feel supported?
	◯ Yes ◯ No

Living situation

Select one:	Are there any safety concerns at home?
◯ Lives alone ◯ With family ◯ In ass	◯ Yes ◯ No

Occupation and work environment

Current job:

Are there work-related stressors?

◯ Yes ◯ No

Substance use

Tobacco:	Alcohol:
◯ Yes ◯ No	◯ Yes ◯ No

Recreational drugs:

◯ Yes ◯ No

Cultural considerations

Primary language:

Need for interpreter services:

◯ Yes ◯ No

Cultural/religious practices impacting care:
Dietary restrictions due to cultural/religious beliefs:
Preferred gender pronouns: ◯ He ◯ She ◯ They ◯ Other:

Head-to-toe assessment

Head and neck assessment	
Area	**Findings**
Scalp:	
Hair:	
Eyes:	
Face:	
Ears:	
Nose and sinus:	
Mouth and throat:	
Chest and lungs assessment	
Area	**Findings**
Chest:	
Lungs:	
Gastrointestinal symptoms:	
Posterior thorax:	
Breasts:	
Axillae:	

Cardiovascular system assessment	
Area	**Findings**
Neck vessels:	
Heart:	
Peripheral pulses:	
Lower extremities:	
Peripheral vascular system assessment	
Area	**Findings**
Arms:	
Hands:	
Legs:	
Abdominal assessment	
Area	**Findings**
Abdomen:	
Bowel sounds:	
Musculoskeletal system	
Area	**Findings**
Gait:	
Joints:	
Cervical, thoracic, lumbar spine:	
Shoulder and elbows:	
Wrists and fingers:	
Hips:	
Knees:	
Ankles and feet:	

Neurological system assessment	
Area	**Findings**
Mental status:	
Cranial nerves:	
Motor and cerebellar	
Genitourinary system assessment	
Area	**Findings**
Genitalia:	
Anus and rectum:	
Urine test:	
Additional notes	
Attending nurse name:	
License number:	
Signature:	
Date:	