Nursing Assessment

Patient information		
Name:		
Date of birth:	Gender:	
Occupation:	Mobile number:	
Height:	Weight:	
Race/Ethnicity:		
Reason for visit:		
Medical history		
Past medical history:	Current medical conditions:	
Relevant family medical history:	Allergies:	
Current medications:	Immunization status:	
Infectious/Isolation status:		
Vital signs		
Temperature:	Blood pressure:	
Heart rate:	Pain level:	
Respiratory rate:	AVPU/Sedation:	

Body systems		
Respiratory system:	Cardiovascular system:	
Gastrointestinal system:	Musculoskeletal system:	
Neurological system:	Skin & integumentary:	
Ears, nose, and throat (ENT):		
Psychosocial assessment		
Mental status, mood, and coping mechanisms:		
Social support system:	Stressors:	
Functional assessment		
Activities of daily life:		
Mobility:	Fall risk:	
Pain assessment		

Mental status assessment		
Alertness/Orientation (Person, place, time):	Memory (short-term and long-term):	
[] Normal [] Impaired	[] Normal [] Impaired	
Emotional state:	Behavioral observations:	
Laboratory test results		
Test type:		
Result:	Remark:	
Test type:		
Result:	Remark:	
Test type:		
Result:	Remark:	
Test type:		
Result:	Remark:	
Additional notes		
Nurse's name and signature:	Date:	
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