

Admission Nursing Note

Patient Information	
Name	Age
Gender	Medical record number
Date of birth	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

Diagnostic tests

Plan of Care

Patient and Family Education

Discharge Plan

Additional notes

		
Provider	Date and time	Signature
		
Attending nurse	Date and time	Signature