

Focused Nursing Assessment Form

Patient Information	
Name	Age
Gender	Room/Bed
Chief complaint	
Medical history	
Allergies	
Previous medical conditions	
Current medications	
Surgical history	
Family medical history	
Vital Signs	
Temperature	Blood pressure
Pulse	Respiratory rate
Oxygen saturation	
Assessment	
General Assessment	
Head and Neck	

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Integumentary

Neurological

Psychological

Additional notes

Assessing nurse

Date and time

Signature