

# Health Assessment in Nursing

Patient Information	
<b>Name:</b>	
<b>Date of Birth:</b>	
<b>Gender:</b>	
<b>Address:</b>	
<b>Phone Number:</b>	
<b>Emergency Contact:</b>	
<b>Insurance Information:</b>	

Health Information	
<b>Chief Complaint:</b>	
<b>Present Illness:</b>	
<b>Past Medical History:</b>	
<b>Medications:</b>	
<b>Allergies:</b>	
<b>Family History:</b>	
<b>Social History:</b>	

### Vital Signs

<b>Blood Pressure:</b>	
<b>Heart Rate:</b>	
<b>Respiratory Rate:</b>	
<b>Temperature:</b>	
<b>Oxygen Saturation:</b>	

### Physical Examination

<b>General Appearance:</b>	
<b>Skin:</b>	
<b>HEENT:</b>	
<b>Cardiovascular:</b>	
<b>Respiratory:</b>	
<b>Gastrointestinal:</b>	
<b>Musculoskeletal:</b>	
<b>Neurological:</b>	

### Functional Assessment

<b>ADLs (Activities of daily living):</b>	
<b>IADLs (Instrumental activities of daily living):</b>	
<b>Cognitive Function:</b>	
<b>Psychosocial:</b>	

**Diagnostic Tests and Results**

**Laboratory Tests:**

**Imaging Studies:**

**Other Diagnostic Tests:**

**Nurse's Signature:**

**Date:**

**Nurse's Name:**