

Health Assessment in Nursing

Patient Information	
Name:	
Date of Birth:	
Gender:	
Address:	
Phone Number:	
Emergency Contact:	
Insurance Information:	

Health Information	
Chief Complaint:	
Present Illness:	
Past Medical History:	
Medications:	
Allergies:	
Family History:	
Social History:	

Vital Signs

Blood Pressure:	
Heart Rate:	
Respiratory Rate:	
Temperature:	
Oxygen Saturation:	

Physical Examination

General Appearance:	
Skin:	
HEENT:	
Cardiovascular:	
Respiratory:	
Gastrointestinal:	
Musculoskeletal:	
Neurological:	

Functional Assessment

ADLs (Activities of daily living):	
IADLs (Instrumental activities of daily living):	
Cognitive Function:	
Psychosocial:	

Diagnostic Tests and Results

Laboratory Tests:

Imaging Studies:

Other Diagnostic Tests:

Nurse's Signature:

Date:

Nurse's Name: