

Nursing Assessments

Client Information

Name: _____

Date of Birth: _____

Gender: _____

Address: _____

Phone Number: _____

Email Address: _____

Date of Consultation: _____

I. Physical Examination Procedure

Hands-on assessment and examination of body systems must be completed by the nurse, along with review of the following:

- Diagnosis Current diet and dietary restrictions
 Current medications and effectiveness Findings/recommendations of consultants (MD's, PT's, OT's, etc.)

II. Summary of General Health Status/Health History

- For Initial Assessments only: Summarize concisely the medical events/health history prior to admission to this facility.

- List the medical events occurring since the annual assessment. If none indicate, as such.

Major Illnesses (type, frequency of each type, dates/duration, and general treatment): None

Hospitalizations (number, duration, diagnoses, status of condition causing hospitalization): None

Injuries (type, frequency of each type, dates/duration, and general treatment): None