

Nursing Assessment

Patient information	
Name:	
Date of birth:	Gender:
Occupation:	Mobile number:
Height:	Weight:
Race/Ethnicity:	
Reason for visit:	
Medical history	
Past medical history:	Current medical conditions:
Relevant family medical history:	Allergies:
Current medications:	Immunization status:
Infectious/Isolation status:	
Vital signs	
Temperature:	Blood pressure:
Heart rate:	Pain level:
Respiratory rate:	AVPU/Sedation:

Body systems	
Respiratory system:	Cardiovascular system:
Gastrointestinal system:	Musculoskeletal system:
Neurological system:	Skin & integumentary:
Ears, nose, and throat (ENT):	
Psychosocial assessment	
Mental status, mood, and coping mechanisms:	
Social support system:	Stressors:
Functional assessment	
Activities of daily life:	
Mobility:	Fall risk:
Pain assessment	

Mental status assessment	
Alertness/Orientation (Person, place, time):	Memory (short-term and long-term):
<input type="checkbox"/> Normal <input type="checkbox"/> Impaired	<input type="checkbox"/> Normal <input type="checkbox"/> Impaired
Emotional state:	Behavioral observations:
Laboratory test results	
Test type:	
Result:	Remark:
Test type:	
Result:	Remark:
Test type:	
Result:	Remark:
Test type:	
Result:	Remark:
Additional notes	
Nurse's name and signature:	Date: