

# Time-Lapse Assessment

<b>Patient information</b>	
Patient's full name:	Age:
Gender:	Medical record number:
Date of current assessment:	Time of current assessment:
Date of previous assessment:	Time of previous assessment:
<b>Vital signs</b>	
Blood pressure:	Heart rate:
Respiratory rate:	Temperature:
Oxygen saturation:	
<b>The patient's current health status</b>	
Any changes or improvements observed since the last assessment:	
Level of consciousness:	
Orientation (time, place, and person):	
Current mood and affect:	

Patient's self-reported symptoms:

Patient's medications:

### Physical assessment

General appearance:

Skin condition, including hair and nails:

### Head-to-toe inspections

Head:

Eyes:

Nose:

Mouth and throat:

Ears:

Neck:

Chest (cardiovascular):

Chest (respiratory):

Abdomen:

Back:

Extremities:

### Focused assessments

### Follow-up plan

### Nurse's information

Nurse's full name:

Shift:

Signature:

Date:

Time: