Admission Nursing Note

Date: _____ dd / mm / yyyy

Time of admission

PATIENT INFORMATION

Patient details: _____ Chief complaint: _____

Allergies: _____

Medical history:

Current medications:

VITAL SIGNS

Temperature: _____ Blood pressure: _____

Pulse: _____ Respiratory rate: _____

Oxygen saturation: _____

PHYSICAL ASSESSMENT

General appearance:

Neurological status:

Cardiovascular:

Respiratory:

Gastrointestinal:

Genitourinary

Musculoskeletal:

Skin integrity:

PAIN LEVEL

Pain level

DIAGNOSTIC TESTS

Specify below:

PLAN FOR CARE

Specify below:

ADDITIONAL NOTES

Specify below:

ATTENDING NURSE INFORMATION

Name: _____

Signature: