Nursing Assessments

CLIENT INFORMATION

Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender: _____ Address: _____

Phone Number: _____ Email Address: _____

Date of Consultation: _____ dd / mm / yyyy

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):

Hospitalizations (number, duration, diagnoses, status of condition causing hospitalization):

Injuries (type, frequency of each type, dates/duration, and general treatment):