

NURSING ASSESSMENT FORM

Structured student worksheet for organizing assessment data, risks, priorities, and follow-up.

Patient / Initials:	Date / Time:	Age:	Student:
Primary Diagnosis / Reason for Care:	Allergies:	Code / Safety Status:	Instructor / Clinical:

1. PATIENT PROFILE & CURRENT CONCERN

Chief concern / reason for assessment:	Patient-reported symptoms and onset:
Pain: location / quality / rating / aggravating-relieving factors:	Relevant current diagnosis / procedure:
Baseline function / mobility / communication:	Patient concerns, goals, or questions:

2. RELEVANT HISTORY & MEDICATIONS

Relevant medical / surgical history:	Current medications / recent treatments:
Allergies and reaction:	Relevant family / social history:
Substance / tobacco / alcohol history if relevant:	Recent changes in health, appetite, sleep, elimination, or function:

3. VITALS & GENERAL OBSERVATION

BP: _____ HR: _____ RR: _____ Temp: _____ SpO2: _____	General appearance / level of distress:
Level of consciousness / orientation:	Height / weight / relevant measurements:

4. FOCUSED / SYSTEM ASSESSMENT

Neurologic: LOC, orientation, pupils, strength, sensation:

Cardiovascular: rate/rhythm, pulses, edema, perfusion:

GU: voiding, urine characteristics, devices if present:

Musculoskeletal / Mobility: ROM, gait, assistance, devices:

5. SAFETY, RISKS & DEVICES

Fall / mobility risk and precautions:

Infection / isolation considerations:

Medication / bleeding / aspiration / seizure or other relevant risks:

6. PRIORITIES, ACTIONS & FOLLOW-UP

Priority assessment finding(s):

Provider / RN notification or escalation if applicable:

Response to intervention / reassessment:

CLINICAL SUMMARY / NOTES

Respiratory: effort, breath sounds, cough, oxygen support:

GI / Nutrition: abdomen, bowel sounds, nausea, intake, diet:

Skin / Wounds: color, temperature, integrity, pressure areas:

Psychosocial / Communication: mood, coping, support, barriers:

Skin / pressure injury risk:

Lines, drains, tubes, catheters, oxygen or other devices:

Immediate safety concerns requiring escalation:

Nursing action(s) / intervention(s):

Patient education / support provided:

Outstanding follow-up / next assessment:
