

Comprehensive Nursing Assessment Form

Patient Identification

Full Name

Date of Birth

Gender

Address

Phone

Emergency Contact

History

Chief Complaint

History of Present Illness

Past Medical History

Surgical History

Family History

Allergies

Current Medications

Review of Systems

General

HEENT

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Neurological

Skin

Psychological

Physical Assessment

Vital Signs

General Appearance

Head & Neck

Chest & Lungs

Heart

Abdomen

Extremities

Neurological Exam

Functional Assessment

Activities of Daily Living (ADL)

Mobility Status

Nutrition

Elimination

Communication

Pain Assessment

Psychosocial Assessment

Support System

Emotional Status

Cultural/Spiritual Considerations

Nursing Diagnosis & Plan

Nursing Diagnosis

Nursing Plan/Interventions

Goals/Expected Outcomes

Signature

Nurse Name

Signature

Date

