

# Comprehensive Nursing Assessment Form

## Patient Identification

Full Name

Date of Birth

Gender

Address

Phone

Emergency Contact

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## History

Chief Complaint

History of Present Illness

Past Medical History

Surgical History

Family History

Allergies

Current Medications

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## Review of Systems

General

HEENT

Cardiovascular

Respiratory

Gastrointestinal

Genitourinary

Musculoskeletal

Neurological

Skin

Psychological

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## Physical Assessment

Vital Signs

General Appearance

Head & Neck

Chest & Lungs

Heart

Abdomen

Extremities

Neurological Exam

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## Functional Assessment

Activities of Daily Living (ADL)

Mobility Status

Nutrition

Elimination

Communication

Pain Assessment

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## Psychosocial Assessment

Support System

Emotional Status

Cultural/Spiritual Considerations

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## Nursing Diagnosis & Plan

Nursing Diagnosis

Nursing Plan/Interventions

Goals/Expected Outcomes

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## Signature

Nurse Name

Signature

Date

