

# Nursing Initial Assessment Form

Title: Nursing Initial Assessment Form

## Section 1: Patient Identification

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Contact Number: \_\_\_\_\_

## Section 2: Medical Profile

- Current Medications: \_\_\_\_\_  
\_\_\_\_\_
- Allergies: \_\_\_\_\_  
\_\_\_\_\_
- Medical History: \_\_\_\_\_  
\_\_\_\_\_

## Section 3: Initial Assessment

- Reason for Visit: \_\_\_\_\_  
\_\_\_\_\_
- Symptoms: \_\_\_\_\_  
\_\_\_\_\_

## Section 4: Vital Signs and Observations

Vital Sign	Measurement	Date	Time
Blood Pressure	_____	_____	_____

Heart Rate	_____	_____	_____
Temperature	_____	_____	_____
Respiratory Rate	_____	_____	_____

### Section 5: Physical Examination

- Skin: \_\_\_\_\_
- Respiratory: \_\_\_\_\_
- Cardiovascular: \_\_\_\_\_
- Gastrointestinal: \_\_\_\_\_
- Musculoskeletal: \_\_\_\_\_

### Section 6: Nursing Notes

- Additional Observations:

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### Section 7: Initial Care Plan

- Immediate Actions: \_\_\_\_\_  
\_\_\_\_\_
- Follow-up Requirements: \_\_\_\_\_