

# Nursing Initial Assessment Form PDF

## Patient Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Patient ID: \_\_\_\_\_

## Vital Signs

Measurement	Date & Time	Result	Notes
Temperature			
Blood Pressure			
Heart Rate			
Respiratory Rate			

## Initial Observations

Describe the patient's physical appearance or condition:

\_\_\_\_\_

List any immediate concerns or required interventions:

\_\_\_\_\_

## Assessment Summary

Provide a brief summary of findings:

\_\_\_\_\_

**Nurse Signature**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_