



NURSING NOTES

[illegible]

Please Date & Signature along with each entry



Family Wellness Hospital

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NURSING INITIAL ASSESSMENT FORM

(TO BE COMPLETED WITH 30 MINUTES OF ADMISSION)

OCCUPATION		MARITAL STATUS: MARRIES/UN-MARRIED	
Location of Assosment:		Admission Form:	
Complaints			
Vitals: Temp:		Pulse	
BP:		RR:	SP02:
Invasivo Froceduro (Entor in Red):			
Admiting Diagnosis:			
Past Medical History / History of Family liiness:			
Allergios (Enter in Red)			
Alcohol Consumption: Regular / Occnsional / Nil		Smoking: Yes/No	
Social History: Poor/Medical/Rich		Family : Joint / Nueclear	
Condition of Skin: Normal / Allergic / Oily			
Condition of Pressure Area: Intact / Bedscore:			
Sleep Pattern / Sodation			Bladder:
Diet:		Mouth/Teeth: Normal/False	
Hearing: Normal/Loss/ No Sound/ Hoaling Alds		Bowols:	
Eyesight: Normal / Low	Glasses: Yes/No		Lenses: Yes/No
Medical taken prior to admisssion:			
Date & Time:		Name of the Nursing Staff:	