

# Nursing Admission Assessment

**Date:** \_\_\_\_\_ **Method:** Elective ☐ Emergency ☐ Transfer ☐

**Source:** Home ☐ GP Surgery ☐ Emergency dept ☐ Other \_\_\_\_\_

**Main Diagnosis** \_\_\_\_\_

Patient History	
Past Problems: (described by patient)	

Allergies					
Allergy	Reaction	Allergy	Reaction	Allergy	Reaction

Medications			
Name	Dose and frequency	Name	Dose and frequency

Vital Signs			
Temperature	°C	Pulse	bpm
Blood Pressure		/	

SaO <sub>2</sub>	%	Height	cm	Weight	kg
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Frailty Score
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