Name: _____ Date: _____

Assignment #: _____

Patient Data Form

Patient Initials: _____ Age: _____ DOB: _____ Gender: _____ Room #: _____

Physician: _____ Code Status: _____ Date of Admission: _____

Chief Complaint/Reason for Seeking Healthcare: _____

Admitting Diagnosis: _____ Isolation Type: _____

Allergies: _____

Past Medical and Surgical History: _____
_____
_____
_____

Diet: _____ Activity/ADLs: _____

Vital Signs/Assessment Frequency: Q4H Q8H other: _____ O_2 _____ Telemetry: Y N

Glucose: ac/hs other: _____ I&O: Strict Q Shift other: _____ Last BM: _____

Elimination: Continent Incontinent Foley Straight Cath/Frequency: _____

IV Access/Date(s) IV(s) Inserted: _____
IVF: _____
Wounds/Incisions/Drains/Tubes: _____

Report:

Orders/To Be Done:

Takes Meds: Whole Crushed Other: _____
Time Due/Medication:

Recent Lab Values	**Level (H, L, N)**	Interpretation / Comments / Concerns
Hgb		
Hct		
WBC		
Plt		
PT/INR		
PTT		
AST		
ALT		
Na		
K		
Mg		
Ca		
Phos		
Glucose		
Cl		
BUN		
Creatinine		
BNP		
Troponin		
HgbA1C		
Cholestrol		
Triglyceri		
HDL		
LDL		

Diagnostic Studies, **Results, and How they relate to patient issues:**

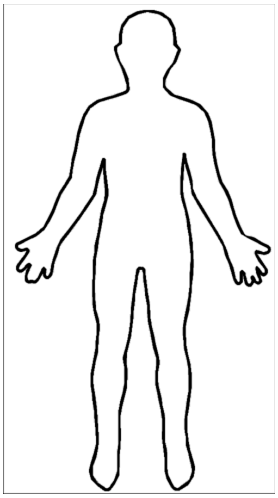
Assessment

Vital Signs: T: _____ P: _____reg or irreg R: _____ B/P _____ SpO2 _____ w or w/o O2

Pain: _____ Braden Score: _____/23___ Fall Risk Assessment Score: _____
(Morse)

General Appearance:

Anterior



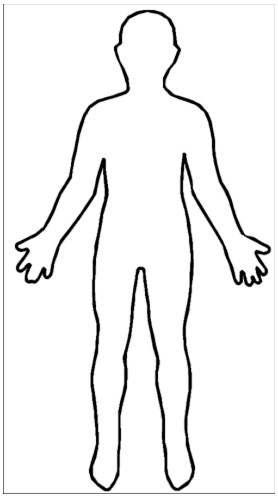
Neurologic:

Cardiovascular:

Respiratory:

Gastrointestinal

Posterior



Genitourinary:

Musculoskeletal:

Integumentary:

Psychosocial:

Concept Map

Issue / Problem: _____

_____

_____

_____

_____

_____

_____

NDX_____

R/T_____

AEB_____

Issue / Problem: _____

_____

_____

_____

_____

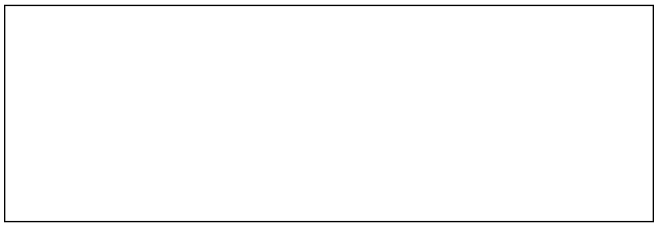
_____

_____

NDX_____

R/T_____

AEB_____



Medical Diagnosis/Reason for Seeking Healthcare
With Definition

Issue / Problem: _____

_____

_____

_____

_____

_____

_____

NDX_____

R/T_____

AEB_____

Issue / Problem: _____

_____

_____

_____

_____

_____

_____

NDX_____

R/T_____

AEB_____

Nursing Process

Supporting data: subjective and objective

_____
_____
_____
_____

Nursing Diagnosis (NANDA)/related to/as evidenced by: _____

_____

Short-Term Goal: _____

_____

Long-Term Goal: _____

_____

Priority Nursing Interventions with Rationale 1. 2. 3.
Evaluation of Interventions 1. 2. 3.
Evaluation of Goals: