## INITIAL NURSING HISTORY AND ASSESSMENT

Sign	s: T		Ρ		(Reg	Irre	g)	R_			BP	
		Notified of Pt	t. Admission	and Notific	ation of 4	8 Hr. vi	sit. YES (	)	NO (	) li	nit	
cate o	on diagram be	low all body m	arks such as	s old or rec	ent scars	(includi	ng surgical	scars),	bruises or d	iscolorati	ions (rega	rdless of
it), iac	cerations, pres	ssure sores an	id other uice	rations or o	questional	ole mari	kings consid	dered o	ther than no	rmai. Ind	licate size	and dep
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Ski	in Condition:	Reddened	Pale	Jaundice	d Cyan	otic	Ashen	Dry	Mo	ist	Oily	Clear
	Face											
	Upper Ext Lower Ext			-	-				_	_		
	Lower Ext						-	<del>/ )</del>				
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Ме	Trunk	n at home pri	or to admiss	ion:								
	Trunk edications take		or to admiss	ion:					Other			
	Trunk		or to admiss	ion:	Foo	d		3	Othe	r		
AIII	Trunk edications take ergies: Medi			ion:	Foo	d			Othe	r		
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Phy a. b. c. d. e.	Trunk dications take lergies: Medi te of Last che ysical Status: Paralysis/Pa Contracture: Congenital a Traumatic an Prothesis (ex Hand prefere Indepe With 1 With 2 Ambulation— Indepe With 1 With 2	(Describe) resis:  nomalies: cluding denture rence:  S: Able to transferdently person persons assist Able to ambienter persons persons	res):		CURRE	c.	Weight BeaFullNon Supportive Elastic hos Bed cradle Where? Sheepskin	weight al weig weight Device	ht bearing Used: Footboard Air mattres	ar:	Pillows	
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Phy a. b. c. d. e.	Trunk dications take lergies: Medi te of Last chei le of Last	(Describe) resis:  nomalies: coluding denturance: s: Able to transference persons assist Able to ambiguerson person person person person persons levice (kind?)	res):		CURRE	c.	Weight Bea —— Full —— Parti —— Non- Supportive Elastic hos Bed cradle Where? Sheepskin Sling (whether Hand rolls	weight al weight Device e	Able to bearing Used: Footboard Air mattres Egg crate	ar:  ds H when?) _	Pillows	etors
Phy a. b. c. d. e.	Trunk dications take lergies: Medi te of Last ches lergies: Medi l	(Describe) resis:  nomalies: cluding denturence:  S: Able to transferdently person persons assist Able to ambigued to a persons assist person persons	res):		CURRE	c.	Weight Bea Full Parti Non- Supportive Elastic hos Bed cradle Where? Sheepskin Sling (wher Hand rolls Traction (where)	weight al weight Device e	Able to beath bearing Used: Footboard Air mattres Egg crate Side rails (when/)	ar: d ss H when?) _	Pillows	etors
Phy a. b. c. d. e.	Trunk dications take lergies: Medi te of Last chei lysical Status: Paralysis/Pa Contracture: Congenital a Traumatic an Prothesis (ex Hand prefere Mith 1 With 2 Total a Ambulation— Indepe With 1 With 2 With 2 With 0 Bedre: Comments:	(Describe) resis:  nomalies: cluding denturence:  s: Able to transferdently person persons assist Able to amburenche persons assist	res):		CURRE	c.	Weight Bea Full Parti Non- Supportive Elastic hos Bed cradle Where? Sheepskin Sling (wher Hand rolls Traction (where)	weight al weight Device e	Able to bearing Used: Footboard Air mattres Egg crate Side rails (when/)	ar: d ss H when?) _	Pillows	etors

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Hearing: (check only	)	Right	Left 11.	Communication: Norma: Aphas	io Churrod			
Adequate		Tugik	1	Foreigh language only				
Adequate with aid				i oreign language only				
Poor			12.	Psychosocial Aspects:				
Deaf			12.	Family Relationships:				
Comments:				Member visit				
				Closest relationship with				
Vision:		18.0° EV	9 74					
		Right	Left	Which words describe patier	nt? (check)			
Adequate				Alert Angry Answers Question: Readily Reluctantly	Fearful			
Adequate with glasse	es			Angry	Friendly			
Poor				Answers Question:	Lethargic			
Blind		$\vdash$		Readily	Non-questioning			
Comments:				Reluctantly	Noisy			
				inappropriately	Mood:			
				Anxious Agitated Calm	Passive			
Oral Assesment:				Agitated	Depressed			
Wears dentures?				Calm	Elevated			
Upper	Lower Par	tial		Cautious	Other			
Do dentures fit?	Yes No	)		Comatose				
Own teeth?	Yes No			Comprehension: Slow	Quiet			
Condition of teeth (de	escribe):			Slow	Questioning			
Condition of mouth (	describe):		-	Unable to understand	Secure			
			-	Disoriented to:	Seeks support			
				Time Place	Wanders mentally			
Eating/Nutrition:				Place	Wanders physically			
Independent	Needs assista	ance		Person	Homesick			
Totally depend	lent				Hyperactive			
Uses adaptive device	es (kind?):				CONTRACTOR OF			
				Patient given explanation of	or involved in plans for his/f			
Type/consistency of	diet			own care? Yes _	No			
				Awareness/understanding o	f illness			
Food likes								
Food dislikes				Motivation regarding ADL/re	habilitation:			
rood dislikes				Good Fair	Poor			
H.S. Snack needed?				Comments:				
Comments:		7-1-1						
Comments.								
Personal Hugiana/su	oomina			Personal Habits:				
Personal Hygiene/gr		eeds Tota		Smoking Alco	ahal			
Bathing:	Independent As	ssist Deper	ndent		01101			
Tub		i						
(A) T (A)								
Shower								
Sponge								
Oral care				Discharge Evaluation:				
Shave			-	Prior living arrangements:				
Grooming				Where?				
Dressing								
Shampoo				Still available?				
520 CO								
Sleeping:								
Usual bed time:								
Usual arising time: _				Short term care				
Usual nap time				Long term care with discharge possibility				
Night light needed:				Long term care without discharge possibility Unable to determine at this time				
Gets up during night								
Clothing worn at nig	ht:			Comments:				
Comments:								
1280 V 177 194 1950	20020							
Elimination Habits -								
Toilet	Bedpar			Orientation of Patient To: Yes No				
Urinal	Bedside	e commode		E 1994 10				
Bowels:	1126142			Call bell				
Pre-admission		12 4		Bathroom				
	ed Incontine	nt Osto	omy	Roommate				
	ation problems			Staff				
	es used			Facility				
	used			Smoking rules	-+			
	itories used			Daily Schedules	State reason:			
	t bowel movement?							
Bladder:								
Dribbles		Incontinent		Oriented by				
Catheter (spec					(Name)			
Time of last ve			0.0.0					
Assessment: Patient					/ /			
retraining. If not reas	OUI				/ /			
				Signature	Mo. Day Yr.			