**Patient assessment form**

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| ***Patient information*** | | | |
| **Name** |  | **Occupation** |  |
| **Ethnicity/Race** |  |
| **Age** |  | **Religion** |  |
| **Gender** |  | **Height** | cm |
| **Preferred language** |  | **Weight** | kg |
| **Phone num.** |  | | |
| ***Social habits*** | | | |
| **Tobacco use Yes No If yes, how many years Num. of packs/day** | | | |
| **Alcohol Yes No If yes, frequency** | | | |
| **Other social habits (illicit drug use)** | | | |
| ***Chief complain (Reason to visit)*** | | | |
|  | | | |
| ***History of present illness (HPI)*** | | | |
|  | | | |
| ***Past medical history*** *(includes serious illnesses, surgical procedures, and injuries the patient has experienced previously)* | | | |
|  | | | |
| ***Family history*** *(the age and health of parents, siblings, and children. For deceased relatives, the age and cause of death are recorded. In particular, heritable diseases are noted (e.g., diabetes mellitus, cardiovascular disease, malignancy, rheumatoid arthritis, obesity).* | | | |
|  | | | |
| ***Personal/social history*** | | | |
| **Marital status Num. of children** | | | |
| **Residence** Nursing Home Private Home Live Alone Shelter Other \_\_\_\_\_\_\_\_\_ | | | |
| **Who will help/assist in your care?**  husband/wife Family Friend Self  Other (Name and Phone) | | | |
| **Do others depend on you for their care?** No Yes N/A | | | |
| ***Medications history*** *(Medications/drugs taken)* | | | |
|  | | | |
| **Allergies** *(Allergies to drugs, food, pets, and environmental factors…etc)* | | | |
|  | | | |
| **Objective data** *(Vital signs,**Laboratory test results…)* | | | |
|  | | | |
| **Other** | | | |
| **Assessment** | | | |
| **Monitoring and patient care Plan** | | | |

**Name of student(s): Group: Date:**