

NURSING ASSESSMENT

MEDICAL/SURGICAL HISTORY	YES	NO	NOT KNOWN	DIRECT FAMILY PREFERABLE	COMMENTS	TREATMENT
ENT/OPHTHALMOLOGY						
ORIENTATED/FULLY AWARE						
EPILEPSY/FITS/SEIZURES						
HEADACHES						
LEFT/RIGHT HANDED						
OTHER						
GLASSES/CONTACT LENSES						
CATARACTS/GLAUCOMA						
HEARING DIFFICULTIES						
SINUSITIS						
OTHER						
ENDOCRINE						
DIABETES MELLITUS						
THYROID PROBLEMS						
HORMONAL IMBALANCES						
OTHER						
MUSCULO SKELETAL						
WEAKNESS/PARALYSIS						
SPINAL INJURY/PROBLEM						
PROSTHESIS/ARTIFICIAL LIMBS						
ARTHRITIS						
OTHER						
CARDIO VASCULAR						
RHEUMATIC FEVER						
HEART PROBLEMS						
BLOOD PRESSURE PROBLEMS						
BLOOD CLOTS						
CHOLESTEROL						
CHEST PAINS						
OEDEMA/SWELLING						
PALPITATIONS						
DIZZINESS/FAINTING						
POOR CIRCULATION						
PAINS AND NEEDLES						
ANTI-COAGULANTS/AST PI						
OTHER						
RENAL AND URINARY						
URINARY PROBLEMS						
KIDNEY STONES						
KIDNEY PROBLEMS						
OTHER						
RESPIRATORY						
SHORTNESS OF BREATH						
ASTHMA						
PNEUMONIA						
TUBERCULOSIS						
CRONIC BRONCHIITIS						
EMPHYSEMA						
SMOKING						
COLD/COUGH						
OTHER						
HAEMATOLOGICAL						
ANAEMIA						
CLOTTING DISORDERS						
BLEEDING TENDENCIES						
HAEMOPHILIA/LEUK						
PREVIOUS BLOOD TRANS						
PORPHYRIA						
OTHER						
SKIN						
BRUISES						
RASHES/ULCERS/BOILS						
ECZEMA						
WOUND HEALING PROBLEMS						
OTHER						

NURSING ASSESSMENT

MEDICAL/SURGICAL HISTORY	YES	NO	NOT KNOWN	DIRECT FAMILY FEASIBLE	COMMENTS	TREATMENT
ORIENTATED/FULLY AWARE						
EPILEPSY/FITS/SEIZURES						
HEADACHES						
LEFT/RIGHT HANDED						
OTHER						
ENTIOPTHALMOLOGY						
GLASSES/CONTACT LENSES						
CATARACTS/GLAUCOMA						
HEARING DIFFICULTIES						
SINUSITIS						
OTHER						
ENDOCRINE						
DIABETES MELLITUS						
THYROID PROBLEMS						
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PINS AND NEEDLES						
ANTI-COAGULANTS/LAST PI						
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RENAL AND URINARY						
URINARY PROBLEMS						
KIDNEY STONES						
KIDNEY PROBLEMS						
OTHER						
RESPIRATORY						
SHORTNESS OF BREATH						
ASTHMA						
PNEUMONIA						
TUBERCULOSIS						
CRONIC BRONCHITIS						
EMPHYSEMA						
SMOKING						
COLD/COUGH						
OTHER						
HAEMATOLOGICAL						
ANAEMIA						
CLOTTING DISORDERS						
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HAEMOPHILIA/LEUK						
PREVIOUS BLOOD TRANS						
PORPHYRIA						
OTHER						
SKIN						
BRUISES						
RASHES/ULCERS/BOILS						
ECZEMA						
WOUND HEALING PROBLEMS						
OTHER						

MEDICAL/SURGICAL HISTORY	YES	NO	NOT KNOWN	DIRECT FAMILY # APPLICABLE	COMMENTS	TREATMENT
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GASTRO INTESTINAL TRACT

JAUNDICE/HEPATITIS						
WEIGHT FLUCTUATIONS						
SPECIAL DIET						
DIFFICULTY IN SWALLOWING						
GASTRIC ULCERS						
HEARTBURN						
SPASTIC COLON						
CONSTIPATION/DIARRHOEA						
DENTURES/CROWNS/PATE ¹						
OTHER						

REPRODUCTIVE

TESTES PROBLEMS						
PROSTRATE PROBLEMS						
DISCHARGE/BLEEDING						
HYSTERECTOMY						
PREGNANCY						
LAST MENSTRUAL PERIOD						
OVARIAN CYST						
BREAST LUMPS						
CONTRACEPTIVE						
OTHER						

PSYCHOSOCIAL

DEPRESSION						
ANXIETY DISORDERS						
RELIGIOUS RESTRICTIONS						
ANY TRAVEL OUTSIDE LOCAL AREA						
ARE YOU AN ORGAN DONOR?						
ALCOHOL						

PREVIOUS SURGERY

ANAESTHETIC PROBLEMS

PATIENT/RESPONSIBLE PERSON

I HEREBY ACKNOWLEDGE THAT THE INFORMATION SUPPLIED BY ME IS TO THE BEST OF MY KNOWLEDGE TRUE AND CORRECT.

NAME: SIGNATURE:

PATIENT ORIENTATION

1. INTRODUCTION TO		2. POLICY REGARDING	
1.1 PERSONNEL		2.1 SMOKING	
1.2 PATIENTS		2.2 VISITORS	
1.3 ROOM/BATHROOM		2.3 VALUABLES/CELLPHONES (KEPT AT OWN RISK)	
1.4 BELL/LIGHT/RADIO/TV		PATIENT SIGNATURE:	
1.5 SAFETY PROCEDURES		2.4 TELEPHONE	
		2.5 WARD ROUTINE	

ACTIVITY	MOBILITY	LEVEL OF CONSC.
AMBULANT	FULL	AWAKE
WALK WITH ASSISTANCE	SLIGHTLY MOBILE	RESPONSIVE
CHAIRBOUND	IMMOBILE	NOT RESPONSIVE
BEDRIDDEN		RESTLESS

MEDICAL/SURGICAL HISTORY	YES	NO	NOT KNOWN	DIRECT FAMILY HISTORY	COMMENTS	TREATMENT
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SPECIAL DIET						
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GASTRIC ULCERS						
HEARTBURN						
SPASTIC COLON						
CONSTIPATION/DIARRHOEA						
DENTURES/CROWNS/PLATE						
OTHER						

REPRODUCTIVE

TESTES PROBLEMS						
PROSTATE PROBLEMS						
DISCHARGE/BLEEDING						
HYSTERECTOMY						
PREGNANCY						
LAST MENSTRUAL PERIOD						
OVARIAN CYST						
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CONTRACEPTIVE						
OTHER						

PSYCHOSOCIAL

DEPRESSION						
ANXIETY DISORDERS						
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ANY TRAVEL OUTSIDE LOCAL AREA						
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