

NURSING ASSESSMENT

Name:	Assessment Date:
DOB:	Assessment End Date:
Gender:	Physician:
PHN:	School Name:
Home Address:	Phone:

Other People Involved

Background

Past Health History

Current Health Assessment

Allergies - Current					
<i>Content may have been entered/updated after assessment completed.</i>					
Date Entered	Allergen	Category	Source	Reaction	Reaction Details

Medication

Medication Name	Dose	Route	Frequency	Start Date	End Date
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Diagnosis

Date	Diagnosis Type	Diagnosis	State	Aware?	Comments
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Cardiovascular

Respiratory

Gastro-Intestinal/Nutritional

Growth Chart

Date Measured	Age	Weight kg %ile	Height cm %ile	BMI %ile	Head Circumference cm %ile	% Birth Wgt Lost	Wgt for Length %ile	Waist cm	Hip ratio
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Genito-Urinary/Elimination/Reproduction

Endocrine/Metabolic

Musculoskeletal/Mobility

Neurological/Seizures

Integumentary/Skin/Tissue

NURSING ASSESSMENT

Name:

DOB:

Gender:

PHN:

Home Address:

Age:

Assessment Date:

Assessment End Date:

Physician:

School Name:

Phone:

Comfort/Pain

Sleep/Rest

Communication (ie. Language Spoken, Vision, Hearing, Communication Tools)

Activities of Daily Living

Psychosocial/Family Factors/Spiritual/Cultural

Lifestyle/Environment

Nursing Care Needs

NSS Recommendations

NSS Eligibility:

Direct:

Child Care:

Home:

School:

Delegated:

Child Care:

Home:

School:

Recommendations:

Reassessment Date:

Discharge Criteria:

Information Obtained From:

Summary

Recommendations

Copies To Be Sent To

Authorisation Details

NSS Coordinator Name:

NSS Coordinator Signature:

Date Signed:

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----