

Nursing Data Base

Client: _					
	SURNAME		GIVEN NAMES		
Address:	·				
	for referral (medical d				
	s illnesses and hospita				
Diet and	d dietary habits				
Allergie	s and type of reaction				
Physical	l Data				
Weight					
Temperature					
·			RATE	RHYTHM	QUALITY
Blood Pressure		Respirations			
	Over-all appearance		RATE	RHYTHM	QUALITY
_					
2. 9	Skin				
- 3. E	Eves and vision				
	Eyes and vision				
4. E	Ears and hearing				
5. N	Nose and throat				
_					

6.	Breasts
7.	Chest, lungs and cardiovascular
8.	Extremities
9.	Gastrointestinal
10	Genitourinary
10.	
	ies of Daily Living
1.	Rest and sleep patterns
	,
2.	Ambulation
3.	Level of activity
Behav	ioural Data
Knowle	edge of condition and treatment
Percep	tion of an adjustment to illness
Mental	status and/or recent past or apparent psychiatric disorders
Additio	onal comments
Date of	f assessment/Nurse's signature YEAR MONTH DAY
	: committee entre