

**Troy University
School of Nursing
Baccalaureate Program**

HEALTH ASSESSMENT TOOL

Course Number & Name: _____

Student's Name: _____

Faculty: _____

Date: _____

Medical Diagnosis: _____

Location of
Assessment: _____

Informant / s: _____

Diet: _____

I. Client Profile:

Initials _____ Age _____ Sex _____ Race _____

Religion _____

II. Chief Complaint:

III. History of Present Illness:

IV. Past Health History:

A. **Pediatric and Adult Illnesses:** check any client has or has had

___ chicken pox

___ scarlet fever

___ kidney disease

___ pneumonia

___ hypertension

___ rheumatic fever

___ arthritis

___ tuberculosis

___ jaundice

___ chorea

___ diabetes mellitus

___ cancer

___ heart disease

B. **Surgeries:**

C. **Serious Injuries:**

D. **Allergies:**

E. **Immunizations and Screening Test:**

Disease	Immunized Year	Disease Year	Test Years or Year	Results of tests
Rubella				
Rubeola				
Mumps				
Polio				
DPT				
Td				
Tetanus Booster				
PKU Test				
Sickle Cell Test				
Tuberculin Skin Test				

Hepatitis B
Varicella

F. **Current Medications:**

G. **Transfusions:**

H. **Habits:**

V. **Systems Review:**

A. **General:**

B. **Integument:**

C. **Head, Eyes, Ears, Nose, Throat, (HEENT):**

D. **Respiratory:**

E. **Cardiovascular:**

F. **Gastrointestinal:**

G. **Genito-urinary:**

H. **Genito-reproductive:**

I. **Musculoskeletal:**

J. **Neurological:**

K. **Endocrine:**

L. **Psychiatric:**

VI. Family History:

Comments:

A.	Relationship	Age	Health Status	Cause and age at death
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B. **Family history of:**

Comments:

___ heart disease

___ tuberculosis

___ diabetes mellitus

___ cancer

___ kidney disease

2. **HEENT:**

3. **Thorax:**

4. **Heart:**

5. **Lymphatics:**

6. **Abdomen:**

7. **Extremities:**

8. **Spine:**

9. **Male/Female Genitalia & Rectum:**

10. **Neurological** (including mental status, cranial nerves, sensory, motor, cerebellar, reflexes):

IX. Diagnostic Data: