Please transfer all relevant information from the Home Care Assessment Form H31-7008

Government of Saskatchewan

Nursing Data Base

Client: _____
SURNAME **GIVEN NAMES**

Address: _____

Reason for referral (medical diagnosis if available)

_____
_____
_____
_____

Previous illnesses and hospitalizations (include dates if known)

_____
_____
_____
_____

Diet and dietary habits _____
_____

Allergies and type of reaction

_____
_____
_____
_____

Physical Data

Weight _____

Temperature _____ Pulse _____
RATE **RHYTHM** **QUALITY**

Blood Pressure _____ Respirations _____
RATE **RHYTHM** **QUALITY**

1. Over-all appearance _____
   _____
2. Skin _____
   _____
3. Eyes and vision_____
4. Ears and hearing _____
   _____
5. Nose and throat _____
   _____

6. Breasts _____
   _____
7. Chest, lungs and cardiovascular _____
   _____
   _____
   _____
8. Extremities _____
   _____
   _____
9. Gastrointestinal _____
   _____
   _____
10. Genitourinary _____
    _____
    _____

Activities of Daily Living

1. Rest and sleep patterns _____
   _____
2. Ambulation_____
   _____
3. Level of activity _____
   _____

Behavioural Data

Knowledge of condition and treatment _____
_____
_____
_____

Perception of an adjustment to illness _____
_____
_____
_____

Mental status and/or recent past or apparent psychiatric disorders _____
_____
_____

Additional comments _____
_____
_____

Date of assessment _____/_____/_____ Nurse's signature _____
YEAR **MONTH** **DAY**