

Emmanuel Home  
800 Priestley Ave.  
Northumberland, PA 17857

**Nursing Admission Assessment** FA2a(1/23/2012)

Resident Name: \_\_\_\_\_ Room # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Admitted from: \_\_\_\_\_

Vital Signs: T \_\_\_\_\_ P \_\_\_\_\_ R \_\_\_\_\_ BP \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M \_\_\_\_ F \_\_\_\_

Pharmacy: \_\_\_\_\_

The following items **checked** accompanied the resident on date of admission:

Glasses: \_\_\_\_\_ Hearing Aid R \_\_\_\_ L\_\_\_\_ Cane \_\_\_\_\_ Walker \_\_\_\_\_

Dentures: Upper \_\_\_\_\_ Lower \_\_\_\_\_ Prosthesis: \_\_\_\_\_

Other: \_\_\_\_\_

Diet: \_\_\_\_\_

Elimination: Continent bowel: Yes \_\_\_ No \_\_\_ Continent bladder: Yes \_\_\_ No \_\_\_

Skin Integrity: Note cuts, bruises, edema (swelling), open areas, redness, etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nursing Note:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature and date of person doing assessment: \_\_\_\_\_