



CONTINUING NURSING STUDIES

Health Assessment Course for LPN's

Clinical Paper

PART I - HEALTH HISTORY

Date of Interview:

Interviewer:

Source of Information:

1. **Biographical/Demographic Data:**

Client Initials:

Room/Location:

Age:

Birthplace [Rural/Urban]:

Sex:

Marital Status:

Race:

Religion:

Occupation

Transportation to Hospital (if applicable):

2. **Current Health Status**

Reason for Visit:

Present Health or Hx of Present Illness:

Symptom Analysis:

Other Known Health Problems:

Health Concerns or Worries:

4. **Family History**

Major Disorders (cancer, diabetes, hypertension, etc):

Health Information About Family Members:

- Include family members age, relationship to patient, disease/disorder, age of onset

5. **Personal Social History**

Home/Neighbourhood/Community (Who lives in home?):

Culture/Religious Background and Practices:

Family Members and Social Support Systems (Important Relationships):

Sexuality (Patterns, Satisfaction):

Occupational and Educational Hx:

Coping and Stress Management:

Activity/Exercise:

Sleep/Rest Patterns:

Self Esteem / Self Concept

4. **Ears, Nose and Throat**

Hearing Problems (Prosthesis):

Any Problems (Nose and Throat):

Sense of Smell and Taste Altered:

Difficulty in Swallowing:

Hoarseness:

5. **Respiratory/Thoracic**

Shortness of Breath and Other Abnormal Patterns:

Cough, Sputum, Sweating at Night:

Recent Changes:

Last Chest X-Ray:

Hx of Lung Disease:

6. **Cardiovascular/Lymphatic**

Chest Pain, Palpitations:

Last EKG:

Hx Murmur, Hypertension, etc:

Peripheral Vascular (Edema; Temp and Sensation Changes; Pain; Varicosities):

Bleeding and Bruising:

Anemia:

Lymph Node Swelling:

Blood Transfusions:

7. **Gastrointestinal**

Any Problems: (N, V, Indigestion, Pain, Infection, Belching):

Appetite Change:

Bowel Habits and Consistency (Drugs, any changes):

Rectal Pain, Hemorrhoids, Rectal Bleeding:

8. **Genitourinary**

Urine Characteristics:

Urination Characteristics (Tenderness, Odour, Burning, Pain):

Hx of Infection (Lesion, Discharge, Odour):

9. **Females**

Description of Menstrual Hx and Cycle:

Hx of Amenorrhea, Menorrhagia, etc.

Recent Changes, Last Gyne Exam and Pap Smear:

Breasts/Axillae

Any Problems:
(Pain, Swelling, Nipple Discharge, Lumps):

Hx of Breast Disease, any Surgery:

Last BSE or Mammography:

Male

Circumcised:

Hx of Hernia, Hydrocele, Penis or Testicular Pain, Sores or Lesions:

Hx of Prostate Problems:

Last Testicular Exam:

10. **Musculoskeletal**

Any Problems with Muscles/Bones/Joints:

Hx of Arthritis, Gout, etc.

Any Problems with Walking:

Back Problems (Hx of Trauma):

11. **Integument**

Any Problems with Skin (abnormalities or changes):

Hx of Skin Disease:

Nails:

12. **Neurological/Mental Status**

Changes in Mental Status:

Changes in Cognitive Function:

Changes in Motor Function:

Hx of Seizures, Strokes, etc.

PHYSICAL ASSESSMENT (PART III)

1. Head and Neck

A. Face

Folds:

Shape:

B. Skull, Scalp and Head

Size:

Symmetry:

Scalp Movement;

C. Hair

Color:

Distribution:

Texture:

D. Temporomandibular Joint

Snapping/clicking:

Pain, crepitus:

Locking, popping:

E. Neck

Appearance of structure:

Masses/Edema:

Webbing/Skinfolds:

Carotid Artery:

F. **Lymph Nodes**

Size:

Shape:

Consistency:

Tenderness:

Mobility:

2. **Eye**

A. **External Eye Structure**

Eyebrows:

Eyelids:

Eyelashes:

Eyeballs:

B. **Sclera:**

C. **Cornea:**

Corneal Light Reflex:

D. **Pupils:**

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Convergence:

Consensual reaction:

E. **Extraocular Eye Movements:**

F. **Cover-Uncover Test:**

G. **Vision:**

Far vision:

Near vision:

Visual fields:

3. **Eyes, Nose, Mouth**

A. **Ears**

External pinna:

Weber Test:

Rinne Test:

B. **Nose**

External nose:

Patency of nostrils:

C. **Mouth and Pharynx**

Lips:

Gums:

Buccal mucosa:

Tongue:

Tonsils:

Uvula:

Teeth:

4. **Chest and Lungs**

Respirations - rate, rhythm, depth, use of accessory muscles:

Thoracic configuration:

Symmetrical chest movements:

Cyanosis - circumoral, nail beds (spooning, clubbing):

Breath sounds:

7. **Musculoskeletal**

Crepitation:

Gait:

Spinal Curvature:

Posture:

ROM:

Ambulatory Aids:

8. **Neurological Exam**

A. **Mental Status Assessment (May use Glasgow Coma Scale):**

Level of Consciousness:

Orientation to person, place, time:

B. **Cranial Nerve Assessment** (as outlined in lab objectives)

CN II:

CN III:

CN IV & VI:

CN V:

CN VII:

CN VIII:

CN IX & X:

CN XI:

CN XII:

C. **Motor Function**

Motor Functions:

Balance:

D. **Sensory Function:**

Light touch:

Deep pain (if applicable):

Vibration: