

PATIENT ASSESSMENT

This assessment was developed in conjunction with Nancy Polatty , RN, MS, JD, CNS Assistant Professor, Orvis School of Nursing, UNR

Patient Name		
Gender	Age	Ethnicity
Chief Complaint		
Other Symptoms: Review all systems and note if intact, within normal limits or pathology		
<input type="checkbox"/> Respiratory <input type="checkbox"/> Genitourinary <input type="checkbox"/> Skin and soft tissue <input type="checkbox"/> Gastrointestinal <input type="checkbox"/> Central Nervous System <input type="checkbox"/> Systemic		
Past Medical History		
Allergies		
Current medication including herbs and over the counter		
Sample collection site	Sample description	
Findings		
Normal microbial flora for sample site		
Possible organisms that cause similar symptoms		
Most likely causative organism(s) for your patient and rationale for supporting your decision		