

**MEDICAL RECORD - NURSING HISTORY AND ASSESSMENT**

For use of this form, see AR 40-66; the proponent agency is the OTSG.

1. Date (YYYYMMDD) and Time of Admission.	2. Admission Diagnosis.						
	YES	NO	Patient's own words when possible.				
3. Tell me what you know about your illness/injury/hospitalization.							
4. Do you have any other health problems?							
5. Have you been hospitalized before? If so, when and for what?							
6. What medications have you been taking? (to include prescription and over-the-counter drugs) For how long?							
7. Are you allergic to <u>anything</u> ? If so, what? What reaction?							
8. Do you have any special needs that require assistance with daily activities? (e.g. diet, eating, bathing, elimination, ambulating, sleeping.) Prosthetics: dentures, reading glasses, contacts.							
9. What other concerns do you have?							
10. How can we be most helpful?							
11. Name of Local Contact/NOK.	12. Relationship.				13. Telephone Number.		
14. Interviewer's Signature, Rank & Title.					15. Informant/Relationship.		
16. Patient Identification.			17. Personal Articles and Valuables. <i>(Indicate disposition of each item by initials.)</i>				
			Item:	Bedside	Home	Treasurer	Other (specify)

