

Student Name: _____ Student ID: _____ Date of Birth: _____ Emergency Care Plan? Y N

Nursing Assessment Summary

A nursing assessment was completed on: _____
Month Day Year

Summarize any notable conditions, abnormalities, or key findings from the nursing assessment process:

What disease(s), condition(s), or disability will the Individualized Healthcare Plan address?

Identifying Information of the registered nurse who conducted the assessment:

First Last M.I. Date