# 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:

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

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Identifying Information of the registered nurse who conducted the assessment:

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First Last M.I. Date