

# Hospital Admission Assessment Checklist

## Patient Information

Patient Name

Date of Birth

Medical Record Number

Admission Date

Admission Time

Admitting Physician

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## Assessment Checklist

- Vital signs recorded
- Allergies assessed and documented
- Current medications reviewed
- Past medical history obtained
- Pain assessment completed
- Fall risk assessment completed
- Mobility status evaluated
- Nutrition and hydration assessed
- Skin integrity checked
- Mental status evaluated

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## Initial Assessment Notes

**Completed By**

Name

Date

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