

# Hospital Admission Assessment Checklist

## Patient Information

Patient Name

Date of Birth

Medical Record Number

Admission Date

Admission Time

Admitting Physician

---

## 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

---

## Initial Assessment Notes

## Completed By

Name

Date

---