

Client Profile

BROWARD COMMUNITY COLLEGE
 Center for Health Sciences
 Department of Nursing Technology

Nursing Student: _____
 Date: _____

Initials: ___ ___ ___ Room: _____ Age: _____ Date of Admission: _____ Date of Discharge: _____

Medical Diagnosis:	Definition of Diagnosis:
1	
2	
3	
4	

Physical Assessment: (Briefly summarize your assessment: Vital Signs: T___ P___ R___ B/P_____ Weight: _____

Medication	Time	Route	Purpose (for this client)	Adverse reactions	Assessment parameters

Client Profile

Pertinent Diagnostic Tests	Date	Purpose (for this client)	Results

Adjunct Equipment	Purpose (for this client)	Nursing Implications

Nursing Diagnosis in priority order:

1	5
2	6
3	7
4	8

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