

Name: _____

Key: S = Satisfactory

Semester: _____

I = Incomplete

Course: _____ Section _____

Please review this evaluation form carefully with attention to your instructor’s comments on the strengths and weaknesses of your paper.

I. Identifying Data	S	I	Comments
II. General Health History			
A. Medical diagnosis (Pathophysiology)			
B. History of Present Illness			
C. Past-Medical History			
D. Family Medical History			
III. Client Profile			
A. Developmental Stage			
B. Social History			
C. Health Practices			
D. Sleep Pattern			
E. Nutrition			
F. Drugs and Remedies			
IV. Review of Symptoms: Subjective			
V. Physical Assessment: Objective			
VI. Lab Data: include a comparison of normal reference ranges with the client’s values, with explanation of values out of the normal range.			

	S	I	Comments
VII. Current Medications			
VIII. Analysis of Data			
IX. Nursing Care Plan			
#1 Nursing Diagnosis			
#2 Nursing Diagnosis			
#3 Nursing Diagnosis			
X. Discharge Planning			
XI. Bibliography			

Summary Comments:

Overall S: _____

Faculty: _____

I: _____

Date: _____

*Resubmit original paper with corrections within one week. Due date: _____