

ALL CARE

2227 Westchester Ave., Bronx, NY 10462
(646) 661-2500



Patient Assessment Form

VISIT DATE 10/20/2026 CLINICIAN Taylor Reed, RN TYPE Reassessment visit

PATIENT
Alex Morgan

DATE OF BIRTH
02/18/1954

GENDER
Male

LANGUAGE
English

PHONE (212) 555-0146
ALT PHONE (212) 555-0147

HOME ADDRESS 100 Example Lane, Apt 2A, New York, NY 10001

PRIORITY Routine

TAL / TRANSPORT Ambulatory with cane; family assistance

REFERRING AGENCY CareBridge demonstration record

VITAL SIGNS

TEMPERATURE 98.2 °F Oral	BLOOD PRESSURE 128/76 mmHg Right arm, seated	PULSE 72 bpm Regular	RESPIRATIONS 16 breaths/min Unlabored	BLOOD GLUCOSE Not measured No monitoring in sample care plan
RN narrative		Seated and comfortable during assessment. No acute distress or new symptoms reported.		

PAIN REVIEW

PAIN PRESENT ☒ Yes ☐ No	BEFORE INTERVENTION 2 / 10	AFTER INTERVENTION 1 / 10
Pain quality	☐ Burning ☒ Aching ☐ Throbbing ☐ Sharp ☐ Crushing ☐ Radiating ☐ Other	
Location / duration	Right knee · Intermittent with prolonged walking; improves with rest	
Relief measures	Seated rest and repositioning	
Response to relief	Reports improvement after 15 minutes of rest	
Nonverbal indicators	☒ None observed ☐ Facial grimacing ☐ Restlessness ☐ Guarding ☐ Rigidity ☐ Moaning ☐ Crying	
Pain summary	Mild intermittent right-knee discomfort associated with activity.	
RN narrative	Patient reports pain decreased from 2/10 to 1/10; comfortable at visit completion.	

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RECENT HOSPITAL STAYS AND FALLS

Hospitalization within the previous three months	☐ Yes ☒ No
Hospitalization details	No inpatient admission or emergency-department visit reported in the past three months.
Falls within the previous three months	☐ Yes ☒ No
Number of falls	0
Injury and type	No fall-related injury
Assistive device used	Single-point cane outdoors
Physician notified	☐ Yes ☒ No
Physician response	Not applicable: no fall or injury requiring notification.
Fall-prevention teaching provided	☒ Yes ☐ No
Fall summary	No recent falls. Reviewed clear walking paths, supportive footwear and consistent cane use.

FALL-RISK REVIEW

History and demographic factors ☒ Age 65 or older ☐ Recent fall history ☐ Three or more diagnoses ☐ Four or more medications	Physical and sensory factors ☒ Balance or gait impairment ☐ Visual impairment ☐ Cognitive impairment ☐ Urinary frequency or incontinence	Equipment and surroundings ☒ Assistive device use ☐ Environmental hazards
Assessment instrument and scoring method	Illustrative checklist: one point per selected factor; 0–3 low, 4–6 moderate, 7+ high. Demonstration scoring only.	
Total score	3	
Risk category	☒ Low ☐ Moderate ☐ High	

NEUROLOGICAL REVIEW

Consciousness	☒ Alert ☐ Lethargic ☐ Comatose
Orientation	☒ Oriented x3 ☒ Person ☒ Place ☒ Time ☐ Not oriented

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NEUROLOGICAL REVIEW

Mood and behavior	☐ Memory loss ☐ Agitation ☐ Depression ☐ Anxiety ☐ Suicidal thoughts None reported / not applicable.
Neurological findings	☒ Within normal limits ☐ Seizures ☐ Tremors ☐ Paralysis ☐ Headache ☐ Ataxia ☐ Dizziness
Paralysis findings	No paralysis observed or reported.
Memory findings	Recalls current medications and recent events; no memory concerns reported.
Coordination and gait findings	Mild antalgic gait related to right knee discomfort; cane used outdoors.
Teaching provided	Reviewed slow position changes and reporting new weakness, confusion or dizziness.
Nursing narrative	Converses clearly, follows instructions and participates in the assessment.

EYES, EARS, NOSE AND THROAT

Head and face	☒ Within normal limits ☐ Drainage ☐ Hair loss ☐ Nosebleed ☐ Congestion ☐ Facial twitching ☐ Sinus abnormality
Vision	☒ Within normal limits ☐ Visual impairment ☐ Legal blindness ☐ Discharge
Vision aids	☐ Glasses ☐ Contact lenses None reported / not applicable.
Eye diagnoses	☐ Glaucoma ☐ Cataracts ☐ Other None reported / not applicable.
Hearing	☒ Within normal limits ☐ Hearing loss ☐ Deafness ☐ Tinnitus ☐ Discharge
Hearing aids or other devices	☐ Hearing aid None reported / not applicable.
Oral and dental findings	☒ Within normal limits ☐ Bleeding gums ☐ Gingivitis ☐ Missing teeth ☐ Dentures
Throat findings	☒ Within normal limits ☐ Sore throat ☐ Hoarseness
Speech, swallowing and senses	☒ Within normal limits ☐ Speech impairment ☐ Dysphagia ☐ Loss of taste ☐ Loss of smell
Nursing narrative	No vision, hearing, dental or swallowing concerns reported; speech clear.

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HEART AND BREATHING

Cardiac symptoms	☒ Within normal limits ☐ Chest pain ☐ Palpitations ☐ Syncope ☐ Activity intolerance ☐ Fatigue
Cardiac examination	☐ Edema ☐ Murmur ☐ Clubbing ☐ Cyanosis None reported / not applicable.
Cardiac devices	☐ Pacemaker ☐ ICD ☐ Other None reported / not applicable.
Respiratory symptoms	☒ Within normal limits ☐ Dyspnea at rest ☐ Orthopnea ☐ Paroxysmal nocturnal dyspnea ☐ Cough ☐ Sputum
Respiratory equipment	☐ Tracheostomy ☐ Ventilator ☐ BiPAP ☐ CPAP ☐ Oxygen ☐ Nebulizer None reported / not applicable.
Breath sounds	☒ Clear ☐ Rales ☐ Wheezing ☐ Rhonchi ☐ Diminished ☐ Absent
Abnormal breath-sound findings	No abnormal breath sounds auscultated.
Palpitation findings	No palpitations reported.
Breathlessness findings	No shortness of breath at rest or with usual household activity.
Teaching provided	Reviewed reporting new chest discomfort, breathlessness, swelling or reduced activity tolerance.
Nursing narrative	Regular pulse; lungs clear bilaterally. No peripheral edema observed.

MUSCULOSKELETAL REVIEW

Findings	☐ Within normal limits ☐ Weakness ☒ Abnormal gait ☐ Amputation ☐ Numbness ☒ Stiffness ☐ Deformity ☐ Coordination difficulty ☐ Limited range of motion
Other findings	Mild right-knee stiffness after prolonged sitting; no swelling or recent injury.
Teaching provided	Reviewed pacing, rest breaks and safe cane use.
Nursing narrative	Moves all extremities; rises independently from chair. Mild antalgic gait without loss of balance.

GASTROINTESTINAL, URINARY AND REPRODUCTIVE REVIEW

Gastrointestinal symptoms	☒ Within normal limits ☐ Nausea or vomiting ☐ Diarrhea ☐ Constipation ☐ Indigestion ☐ Pain ☐ Tenderness ☐ Rectal bleeding ☐ Incontinence
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GASTROINTESTINAL, URINARY AND REPRODUCTIVE REVIEW

Gastrointestinal diagnoses	☐ Ulcer ☐ Hernia ☐ Hemorrhoids ☐ Other None reported / not applicable.
Ostomy or other gastrointestinal equipment	☐ Ostomy None reported / not applicable.
Urinary symptoms	☒ Within normal limits ☐ Frequency ☐ Urgency ☐ Burning ☐ Hesitancy ☐ Dysuria ☐ Nocturia ☐ Retention ☐ Incontinence ☐ Hematuria ☐ Polyuria ☐ Anuria ☐ Oliguria
Urinary equipment or treatment	☐ Dialysis ☐ Urinary catheter ☐ Other None reported / not applicable.
Reproductive findings	☒ Within normal limits ☐ Prostate disorder ☐ Scrotal edema
Surgical history, including prostatectomy	No prostatectomy. Appendectomy in 1986; no other surgery reported.
Teaching provided	Reviewed hydration, regular bowel habits and reporting urinary symptoms or bleeding.
Nursing narrative	Abdomen soft and non-tender. Last bowel movement 10/19/2026, formed. Continent of bowel and bladder.

SKIN, BLOOD AND ENDOCRINE REVIEW

Skin condition	☒ Within normal limits ☐ Pale ☐ Dry ☐ Pallor ☐ Cyanotic ☐ Jaundiced
Skin findings	☐ Rash ☐ Bruises ☐ Scars ☐ Lesions ☐ Pruritus ☐ Poor turgor None reported / not applicable.
Skin breaks	☐ Wound ☐ Incision ☐ Pressure area ☐ Fistula None reported / not applicable.
Hematological findings	☒ Within normal limits ☐ Anemia ☐ Excessive bleeding or bruising ☐ Heat or cold intolerance ☐ Clotting disorder
Endocrine findings	☒ Within normal limits ☐ Diabetes ☐ Hypothyroidism ☐ Hyperthyroidism
Observed skin color	☒ Within normal limits ☐ Pale ☐ Cyanotic ☐ Jaundiced
Bleeding or bruising details	No unusual bleeding or bruising reported or observed.
Teaching provided	Reviewed routine skin checks and reporting persistent redness or skin breakdown.
Nursing narrative	Skin intact, warm and dry; no wounds, pressure areas or endocrine symptoms reported.

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ALLERGIES

Medication allergies and reaction	No known medication allergies reported.
Food allergies and reaction	No known food allergies reported.
Environmental or substance allergies and reaction	No known environmental or substance allergies reported.

MEDICATION RECORD

Medication name	Dose	Frequency	Route	Indication / instructions
Amlodipine	5 mg	Once daily	Oral	Hypertension; self-administered each morning.
Acetaminophen	500 mg	Every 8 hours as needed	Oral	Knee pain; no dose taken during this visit.

NUTRITION

Appetite	☒ Good ☐ Fair ☐ Poor ☐ Excessive
Weight and unit	174 lb
Weight change	☒ Stable ☐ Loss ☐ Gain
Fluid restriction	☒ No ☐ Yes
Fluid restriction details	No fluid restriction reported.
Food intake	☒ Independent ☐ Needs assistance ☐ Dependent ☐ Tube feeding ☐ Nothing by mouth
Prescribed diet	☒ No special diet ☐ Cardiac ☐ Renal ☐ 1800-calorie ADA ☐ Other
Diet recommendations	☒ Regular ☐ Low sodium ☐ Low fat ☐ Low cholesterol ☐ Low sugar ☐ No concentrated sweets ☐ High fiber ☐ Other
Food texture	☒ Regular ☐ Soft ☐ Pureed ☐ Mechanical soft ☐ Liquid
Teaching provided	Reviewed balanced meals, hydration and maintaining usual intake.
Nursing narrative	Eats three meals daily, prepares light meals independently; no recent unintended weight change.

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DIAGNOSES

Type	Diagnosis	ICD code
Primary	Essential hypertension	I10
Secondary	Unilateral primary osteoarthritis, right knee	M17.11

EQUIPMENT AND SUPPLIES

Durable medical equipment	☐ None ☒ Cane ☐ Quad cane ☐ Walker ☐ Wheelchair ☐ Hospital bed ☐ Bed rails ☐ Grab bars ☐ Hand rails ☐ Shower rails ☐ Shower chair ☐ Bedside commode ☐ Oxygen ☐ CPAP ☐ BiPAP ☐ Glucometer ☐ Pulse oximeter ☐ Other
Other equipment details	Single-point cane used for outdoor walking; rubber tip intact.
Consumable supplies	☐ Wound care ☐ Incontinence ☐ Ostomy ☐ Catheter ☐ Tracheostomy ☐ Diabetic supplies ☐ Other None reported / not applicable.
Teaching provided	Reviewed cane condition and keeping equipment within reach.
Nursing narrative	No consumable medical supplies required in this fictional case.

FUNCTION AND HOME ENVIRONMENT

Functional limitations	☐ None ☐ Amputation ☐ Bowel or bladder incontinence ☐ Contracture ☐ Hearing limitation ☐ Paralysis ☐ Limited endurance ☒ Ambulation limitation ☐ Speech limitation ☐ Legal blindness ☐ Dyspnea with minimal exertion ☐ Other
Other functional limitations	Mild knee stiffness limits prolonged outdoor walking.
Permitted activities	☐ No restrictions ☐ Complete bed rest ☐ Bed rest with bathroom access ☐ Up as tolerated ☐ Bed/chair transfer ☒ Independent at home ☐ Partial weight bearing ☐ Prescribed exercises ☐ Crutches ☒ Cane ☐ Wheelchair ☐ Walker ☐ Other
Safety measures	☒ Fall prevention ☒ Medication safety ☒ Skin protection ☒ Infection prevention ☒ Emergency plan ☒ Environmental safety ☐ Aspiration precautions ☐ Oxygen precautions ☐ Diabetes precautions ☐ Anticoagulant precautions ☐ Cognition or wandering precautions ☐ Seizure or syncope precautions ☒ Equipment and transfer safety
Living arrangements	Lives with spouse Jamie Morgan in an elevator-access apartment. Independent with personal care; spouse assists with errands.

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FUNCTION AND HOME ENVIRONMENT

Home hazards	No loose rugs or obstructed pathways observed; bathroom and hallway lighting adequate.
Home-safety teaching	Reviewed safe footwear, clear pathways, accessible telephone and taking rest breaks.

EMERGENCY PLANNING AND DIRECTIVES

Contact type / name / address / telephone	Spouse / Jamie Morgan / same fictional home address / (212) 555-0147
Additional contact type / name / address / telephone	Primary care clinician / Jordan Ellis, MD (fictional) / 200 Example Avenue, New York, NY 10001 / (212) 555-0148
Emergency plan discussed	☒ Yes ☐ No
Preparedness reviewed	☒ Accessible medication list ☒ Medication supply ☐ Equipment backup plan ☒ Posted emergency contacts ☒ Evacuation plan ☐ Medical alert device
Medication supply quantity / plan	Seven-day medication supply available in this example; spouse assists with refill reminders.
Advance directives	☒ None ☐ Health care proxy ☐ DNR ☐ Other
Emergency and advance-directive teaching	Patient reports no completed directive. Reviewed purpose of a health care proxy and keeping emergency contacts accessible; spouse identified as preferred emergency contact, not a legally appointed proxy.

IMMUNIZATION RECORD

Vaccine / date received	Influenza / 09/24/2026 (fictional patient report)
Vaccine / date received	COVID-19 / 09/24/2026 (fictional patient report)
Vaccine / date received	Pneumococcal / 03/12/2024 (fictional patient report)
Immunization teaching	Dates are sample patient-reported history; reconcile with immunization records in an actual assessment.

CARE SUMMARY

Prognosis	☐ Poor ☐ Guarded ☐ Fair ☒ Good ☐ Excellent
RN visit frequency	One reassessment visit in this fictional episode.
Services needed	RN assessment and education; no aide assistance identified.

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CARE SUMMARY

Service frequency	One visit; further services subject to clinician review.
Discipline and treatment orders	No new treatment orders issued in this sample. Existing medication list recorded for demonstration.
Care goals	Maintain independent personal care; demonstrate safe cane use; describe when to report changes.
Discharge plan	Conclude sample assessment after education; continue routine primary-care follow-up.
Aide care plan completed	☐ Yes ☒ No
Care plan discussed	☒ Yes ☐ No
Patient stated understanding	☒ Yes ☐ No
Progress note	Patient and spouse participated in review. Patient demonstrated safe chair rise and described fall-prevention measures. No acute concerns identified. No aide plan required because the sample patient is independent with personal care.

SIGNATURES

Patient or representative signature	Alex Morgan — signature intentionally not simulated
Patient or representative signature date	10/20/2026 — sample date; unsigned
RN signature	Taylor Reed, RN — signature intentionally not simulated
RN signature date	10/20/2026 — sample date; unsigned