EVALUATION CRITERIA FOR NURSING HEALTH HISTORY

Name of the Student: _____

Diagnosis of Patient: _____

Ward/Unit: _____ Date of Submission: _____

Sl. No.	Evaluation Criteria	Marks Obtained	Maximum Marks	
1.	Utilized therapeutic communication skills while interacting with patient and his/her family members		2	
2.	Collected thorough and accurate patient information: • Biographical data of the patient • Chief complaints • History of present illness • Past health history • Family history • Lifestyle • Environmental history		1 1 1 1 1 1 1	7
3.	Timely submission		1	
Total marks			**10**	

Remarks: _____

_____

_____

Signature of the Student

Signature of the Clinical Supervisor

Date: _____

Date: _____

NURSING HEALTH HISTORY–1

Date of collection of health history: _____ / _____ / _____

I. BIOGRAPHICAL DATA OF THE PATIENT

Name of the patient: _____

Father/Husband's name: _____

Age: _____ Gender: Male/Female _____

Hospital: _____

C.R./IP No.: _____ Ward: _____ Bed No.: _____

Educational status: _____ Occupation: _____

Religion: _____ Marital status: _____

Address: _____

_____

Date of admission: _____

Treatment under Dr.: _____

Diagnosis: _____

Surgery performed, if any: _____

Date of surgery performed: _____

II. CHIEF COMPLAINTS

At the time of admission:

At present:

III. HISTORY OF PRESENT ILLNESS

(Includes details about chief complaints: Character, onset-sudden/gradual, location, duration, severity, pattern, aggravating factors, relieving factors, associated manifestations)

IV. PAST HEALTH HISTORY

(a) Childhood illness: _____

_____

(b) Adult illnesses: _____

_____

(c) Psychiatric illnesses: _____

_____

(d) Previous hospitalizations: _____

_____

_____

(e) Previous surgical or diagnostic procedures: _____

_____

(f) Allergies to foods/medications: _____

_____

(g) Menstrual history (for female patient):

Last menstrual period (LMP): _____ Menopausal: Yes/No _____

Age at menarche: _____ years. Menstruation: Regular/irregular duration: _____

Does bleeding/spotting occur between periods: Yes/No _____

Is pain associated with periods: _____

(h) Past obstetrical history:

Have never been pregnant: _____

Birth control/contraception: _____

Number of pregnancies	**Year**	**Pregnancy** (normal/miscarriage/abortion)	**Delivery** (normal/assisted/ cesarean section)	**Gender of baby**	**Puerperium** (normal/ complicated)

V. FAMILY HISTORY

(a) Family composition:

Name	Age	Gender	Relationship with patient	Educational status	Occupation	Income	Health status

(b) Family tree/genogram:

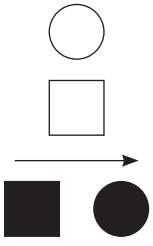
Key:

Male

Female

Patient

Deceased



(c) History of any recent death in family: Yes/No

Relationship with patient: _____ Age at death: _____

Cause of death: _____

(d) History of any chronic illness in family:

(Hypertension, heart disease, diabetes, tuberculosis, asthma, renal disorder, arthritis, cancer, allergies, epilepsy, mental illness, etc.): Yes/No

If yes, give details: _____

_____

_____

(e) History of any communicable disease in family: _____

_____

_____

(f) History of any hereditary disease in family: _____

_____

_____

VI. LIFESTYLE

(a) Diet: Vegetarian/eggetarian/nonvegetarian/special diet: _____

_____

(b) Bowel and bladder habit: _____

_____

(c) Use of any addictive or illicit substance/drug (heroine/cocaine/alcohol/tobacco): Yes/No

_____

_____

_____

_____

(d) Sleeping pattern: _____

_____

(e) Exercise: _____

_____

(f) Recreation: _____

_____

(g) Religious belief: _____

_____

VII. ENVIRONMENTAL HISTORY

(a) Physical-type of housing: _____

_____

(b) Environmental hygiene: _____

_____

(c) Source of drinking water: _____

_____

(d) Presence of flies/mosquitoes/rodents: _____

_____

(e) Disposal of excreta: _____

_____

(f) Environmental pollution: _____

_____

(g) Exposure to hazardous waste: _____

_____

EVALUATION CRITERIA FOR NURSING HEALTH HISTORY

Name of the Student: _____

Diagnosis of Patient: _____

Ward/Unit: _____ Date of Submission: _____

Sl. No.	Evaluation Criteria	Marks Obtained	Maximum Marks	
1.	Utilized therapeutic communication skills while interacting with patient and his/her family members			2
2.	Collected thorough and accurate patient information: • Biographical data of the patient • Chief complaints • History of present illness • Past health history • Family history • Lifestyle • Environmental history		1 1 1 1 1 1 1	7
3.	Timely submission			1
Total marks				**10**

Remarks: _____

_____

_____

Signature of the Student

Signature of the Clinical Supervisor

Date: _____

Date: _____

NURSING HEALTH HISTORY–2

Date of collection of health history: _____ / _____ / _____

I. BIOGRAPHICAL DATA OF THE PATIENT

Name of the patient: _____

Father/Husband's name: _____

Age: _____ Gender: Male/Female _____

Hospital: _____

C.R./IP No.: _____ Ward: _____ Bed No.: _____

Educational status: _____ Occupation: _____

Religion: _____ Marital status: _____

Address: _____

_____

Date of admission: _____

Treatment under Dr.: _____

Diagnosis: _____

Surgery performed, if any: _____

Date of surgery performed: _____

II. CHIEF COMPLAINTS

At the time of admission:

At present:

III. HISTORY OF PRESENT ILLNESS

(Includes details about chief complaints: Character, onset-sudden/gradual, location, duration, severity, pattern, aggravating factors, relieving factors, associated manifestations)

IV. PAST HEALTH HISTORY

(a) Childhood illness: _____

_____

(b) Adult illnesses: _____

_____

(c) Psychiatric illnesses: _____

_____

(d) Previous hospitalizations: _____

_____

_____

(e) Previous surgical or diagnostic procedures: _____

_____

(f) Allergies to foods/medications: _____

_____

(g) Menstrual history (for female patient):

Last menstrual period (LMP): _____ Menopausal: Yes/No _____

Age at menarche: _____ years. Menstruation: Regular/irregular duration: _____

Does bleeding/spotting occur between periods: Yes/No _____

Is pain associated with periods: _____

(h) Past obstetrical history:

Have never been pregnant: _____

Birth control/contraception: _____

Number of pregnancies	**Year**	**Pregnancy** (normal/miscarriage/abortion)	**Delivery** (normal/assisted/ cesarean section)	**Gender of baby**	**Puerperium** (normal/ complicated)

V. FAMILY HISTORY

(a) Family composition:

Name	Age	Gender	Relationship with patient	Educational status	Occupation	Income	Health status

(b) Family tree/genogram:

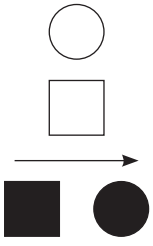
Key:

Male

Female

Patient

Deceased



(c) History of any recent death in family: Yes/No

Relationship with patient: _____ Age at death: _____

Cause of death: _____

(d) History of any chronic illness in family:

(Hypertension, heart disease, diabetes, tuberculosis, asthma, renal disorder, arthritis, cancer, allergies, epilepsy, mental illness, etc.): Yes/No

If yes, give details: _____

_____

_____

(e) History of any communicable disease in family: _____

_____

_____

(f) History of any hereditary disease in family: _____

_____

_____

VI. LIFESTYLE

(a) Diet: Vegetarian/eggetarian/nonvegetarian/special diet: _____

_____

(b) Bowel and bladder habit: _____

_____

(c) Use of any addictive or illicit substance/drug (heroine/cocaine/alcohol/tobacco): Yes/No

_____

_____

_____

_____

(d) Sleeping pattern: _____

_____

(e) Exercise: _____

_____

(f) Recreation: _____

_____

(g) Religious belief: _____

_____

VII. ENVIRONMENTAL HISTORY

(a) Physical-type of housing: _____

_____

(b) Environmental hygiene: _____

_____

(c) Source of drinking water: _____

_____

(d) Presence of flies/mosquitoes/rodents: _____

_____

(e) Disposal of excreta: _____

_____

(f) Environmental pollution: _____

_____

(g) Exposure to hazardous waste: _____

_____