

# Post-Surgical Home Care Assessment

## Patient Information

Name

Date of Birth

Surgery Date

Type of Procedure

## General Condition

Vital Signs (BP, HR, Temp)

Pain Level (0-10)

Mobility Status

## Wound Assessment

Wound Location

Appearance

Dressing Type

Signs of Infection

## Medication Management

Current Medications

Activities of Daily Living (ADLs)

Bathing

Dressing

Toileting

Nutrition

Additional Notes