

Diabetic Patient Nursing Assessment Form

Patient Identification

Patient Name

Date of Assessment

Medical Record No.

Date of Birth

Sex

Medical History

Type of Diabetes

Year Diagnosed

Other Medical Conditions

Current Medications

Vital Signs

Blood Pressure

Heart Rate

Respiratory Rate

Temperature

Blood Glucose Level

Weight

Assessment Findings

Chief Complaints

History of Present Illness

Physical Assessment

Skin Condition (ulcers, wounds, etc.)

Neuropathy Symptoms

Foot Assessment

Eye Assessment

Diet & Nutrition Habits

Activity/Exercise Patterns

Education & Self-care

Understanding of Diabetes

Medication Adherence

Barriers to Self-care

Nursing Interventions/Recommendations

Assessed by (Nurse Name)

Signature