

Oncology Nursing Assessment Template

Patient Information

Name

Date of Birth

Medical Record Number

Date of Assessment

Oncology Diagnosis

Chief Complaint

History of Present Illness

Current Treatment

Type of Treatment

Details

Allergies

Vital Signs

Temperature (°C)

Heart Rate (bpm)

Blood Pressure (mmHg)

Respiratory Rate (bpm)

O2 Saturation (%)

Review of Systems

General

Gastrointestinal

Genitourinary

Neurological

Other

Physical Assessment

Pain Assessment

Pain Present?

Location & Description

Pain Score (0-10)

Psychosocial Status

Nursing Diagnosis / Plan