

# Preoperative Nursing Assessment Form

## Patient Identification

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Patient Name

Hospital Number

Date of Birth

Age

Gender

Date of Assessment

## Surgical Information

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Planned Surgery

Surgeon

Anesthesiologist

Operating Room

## Medical History

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Medical Conditions

Allergies

Medications

Previous Surgeries

Physical Assessment

Height (cm)

Weight (kg)

Vital Signs

Airway Assessment

Cardiovascular Assessment

Respiratory Assessment

Other Physical Findings

Nursing Assessment

Psychological Status

Skin Condition

Mobility Status

Other Notes

**Consent Verification**

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Consent Signed

Consent Details

**Assessment Completed By**

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Name

Signature

Date