

UNION COUNTY COLLEGE
PRACTICAL NURSING PROGRAM
PNU 210 MENTAL HEALTH
PATIENT DATA COLLECTION

STUDENT NAME _____ DATE _____

1. PATIENT INITIALS _____ AGE _____ SEX _____

2. ALLERGIES _____

3. PRIMARY RN _____

4. PRIMARY REPORT _____

5. ADMISSION DATE _____

6. VOLUNTARY _____

INVOLUNTARY _____

CHILD _____

6. ADMISSION DIAGNOSIS

7. REASON FOR ADMISSION

8. SUICIDAL/HOMOCIDAL IDEATION ON ADMISSION

9. DRUG/ALCOHOL USE _____

10. GENERAL APPEARANCE _____

11. SPEECH _____

12. MOOD _____

13. ANXIETY _____

14. APPETITE _____

15. SLEEP _____

16. THOUGHT PROCESSES

17. JUDGEMENT _____

18. INSIGHT _____

19. MOTIVATION FOR
TREATMENT _____

20. MEDICAL PROBLEMS _____

**MEDICATIONS
ROUTINE**

	<u>Trade Name</u>	<u>Generic Name</u>	<u>Dose</u>	<u>Classification</u>	<u>Rationale</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

PRN's

	<u>Trade Name</u>	<u>Generic Name</u>	<u>Dose</u>	<u>Classification</u>	<u>Rationale</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____