

**HISTORY/PHYSICAL EXAMINATION**

**PATIENT NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**REVIEW OF SYSTEMS: ( Key: / = negative: circled = positive )**

General: significant wt. loss/gain, fevers, night sweats.

Cardiovascular: palpitations, chest pain, edema, claudication.

Respiratory: dyspnea, cough, orthopnea, PND, hemoptysis.

Eye: visual problems, glasses.

ENT/ oral: difficulty hearing, tinnitus, rhinitis, oral ulcers.

Heme/Lymph: bleeding disorders, easy bleeding or bruising, inflamed lymph.

GI: dysphagia, abnormal pain, bowel habit changes, Hematochezia, melena.

Heme/Endo: polyuria, polydipsia, heat/cold intolerance, Breast lumps, menstrual abnormalities, sexual difficulties.

Other:

GU: dysuria, frequency, urgency Incontinence, nocturia, hesitancy, testicular masses, pain.

Musculoskeletal: arthritis, joint or back pain, loss of strength.

Neuro: sleep disorders, seizures, memory loss, motor/sensory disorder.

Psychiatric/Stress: depression, anxiety, hallucinations, other.

Skin: lesions, rashes.

**Physical Examination:**

BP \_\_\_\_\_ / \_\_\_\_\_ Pulse \_\_\_\_\_ (Reg./Irreg.) T. \_\_\_\_\_ Resp. \_\_\_\_\_ WT \_\_\_\_\_ HT \_\_\_\_\_

WT last Year \_\_\_\_\_

(WDWN)

GENERAL APPEARANCE:  A&O x 4  Normal Affect  Well Developed Well Nourished

EYES:  PERRLA  EOMI FUNDI:  NO H or E  DISCS FLAT R 20/\_\_\_\_ L 20/\_\_\_\_

EARS: TM:  Intact, No Inflammation Auditory Canals:  Normal Hearing:  Normal

NOSE:  No Lesions noted  No Inflammation  Sinuses Nontender

THROAT:  No lesions noted  No Inflammation

NECK &  Carotids Equal: No Thrill or Bruit  No JVD

No Thyroid Masses or Enlargement

THROAT:  Neck Supple, FROM  No Cervical Nodes

LUNGS:  Clear to A & P

HEART:  Regular Rhythm  No Murmur or Gallop

ABDOMEN:  BS Normoactive  No Masses

No Organomegaly  No Hernia  Soft

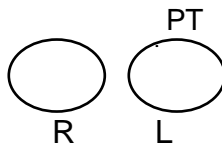
BREAST &  No Masses

AXILLAE:  No Discharge

PULSES: FEM POP DP

No Tenderness

No Lymph Nodes



R \_\_\_\_\_

L \_\_\_\_\_

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PELVIC/MALE GENITALIA:  Testes Normal  Penis Normal  Prostate Normal

PELVIC/ FEMALE GENITALIA:  Vulva Normal  Vagina Normal  CX Normal  
 Uterus/ Adnexa Normal  PAP Done

RECTAL:  No Mass  Normal Tone  Heme Negative Stool

EXTREMITIES:  No Edema  No Cyanosis  No Clubbing  Normal ROM

LYMPH NODES: None Palpable  Neck  Axillae  Groin  Other

NEUROLOGICAL:  CN II-XII Intact REFLEXES: BI BR TRI KJ AJ BAB  
MEMORY :  No Sensorimotor Abnormalities R \_\_\_\_\_  
SHORT  No Cerebellar Abnormalities  
RECENT  Gait Normal  
LONGTERM \_\_\_\_\_ L \_\_\_\_\_

SKIN:  No Lesions Noted

FUNCTIONAL STATUS: Falls within last 12 months? \_\_\_\_\_ Injuries with falls? \_\_\_\_\_

COMMUNICATION:  Excellent  Fair  Poor  
AMBULATION:  Unassisted  Assisted  
DAILY ACTIVITIES:  Self Care  Assistance  Full Care  
ELIMINATION:  Continent  Incontinent  Bowel  Bladder  
TRANSFERS:  Independent  Assistance  Both

PSYCHOSOCIAL:(Social Skills, Behavior, Support Systems, Compliance with the TX Program)

NUTRITIONAL: Weight Changes? \_\_\_\_\_ On prescribed diet? \_\_\_\_\_ Chewing / Swallowing problems? \_\_\_\_\_

Mental Illness \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Diagnosis and treatment: \_\_\_\_\_

Smoking \_\_\_\_\_ Yes(pack per day \_\_\_\_\_/\_\_\_\_\_year)\_\_\_\_\_ No  
Alcohol Intake \_\_\_\_\_ Yes (amount \_\_\_\_\_/\_\_\_\_\_type)\_\_\_\_\_ No  
Recreational Drug Use: \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes,  
Explain \_\_\_\_\_

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TREATMENT / DIAGNOSTIC PLAN:

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PHYSICIAN SIGNATURE

\_\_\_\_\_  
PRINT NAME

Physician Address:

Telephone Number:

I have known this applicant \_\_\_\_\_ Yes \_\_\_\_\_ No. Number of years \_\_\_\_\_  
Level of Care Recommended \_\_\_\_\_

\_\_\_\_\_  
Any evidence of infectious or contagious disease found today?

\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Explain \_\_\_\_\_  
\_\_\_\_\_

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