

HISTORY: (USE BACK IF NEEDED)

(INCLUDE PRESENT ILLNESS, PERTIENT PAST AND FAMILY HISTORY)

PHYSICAL EXAMINATION:

B/P: _____ TEMP: _____ PULSE: _____ RESP: _____ WT: _____

A. GENERAL APPEARANCE:

B. SKIN:

C. HEAD:

EYES:

NOSE:

ORAL CAVITY:

EARS:

THROAT

TEETH:

D. NECK AND LYMPH GLANDS:

E. THORAX:

BREASTS:

LUNGS:

HEART:

F. ABDOMEN:

G. BACK AND EXTREMITIES:

H. PELVIS:

GENITALIA (EXTERNAL):

RECTAL:

I. NEURO-MUSCULAR:

DIAGNOSIS:

This resident:

- A. Has the capacity to understand and make decisions.
- B. Does **NOT** have the capacity to understand and make decisions.
- C. Can make needs known but cannot make medical decisions.

Reason: _____

Surrogate Decision Maker: _____

Relationship: _____

REHABILITATION POTENTIAL: (INCLUDE IMPRESSION, PLANS FOR CONTINUING CARE, PROGNOSIS AND GOALS)

RESIDENT/FAMILY INFORMED OF MEDICAL CONDITION AND/OR PLAN OF TREATMENT: YES NO

IF NO, STATE REASON WHY: _____

DATE: _____ EXAMINED BY: _____

RESIDENT NAME	ROOM NO.	PHYSICIAN	ADMIT NO.
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HISTORY AND PHYSICAL EXAMINATION