

Your
Hospital's
Logo
Here

ADMISSION & ANNUAL PHYSICAL EXAM FORM

PATIENT IDENTIFICATION

DIAGNOSIS:	DATE:
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<input type="checkbox"/> ADMISSION EXAMINATION Past medical, surgical, & vaccination history (if new admission):	<input type="checkbox"/> ANNUAL EXAMINATION Intervenal history (since previous examination):
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ALLERGIES:

ADVANCE DIRECTIVES:

CURRENT MEDICATIONS AND REASON(S):

PHYSICAL EXAMINATION VITAL SIGNS, MAJOR ABNORMAL & CHANGES FROM PREVIOUS EXAMINATION:
BLOOD PRESSURE: _____ PULSE: _____ RESPIRATION: _____ WEIGHT: _____

GENERAL APPEARANCE:

SKIN:

HEAD, EYES, EARS, NOSE & THROAT:

NECK:

CHEST:

BREAST:

HEART:

ABDOMEN:

RECTAL (If Indicated):

GENITOURINARY:

EXTREMITIES:

NEUROLOGICAL / ABNORMAL MOVEMENTS:

MENTAL STATUS:

CRANIAL NERVES:

SENSATION:

MOTOR / REFLEXES / TONE:

MINI MENTAL STATE ASSESSMENT SCORE (If Indicated):

GERIATRIC DEPRESSION SCALE SCORE (If Indicated):

ADMISSION & ANNUAL PHYSICAL EXAMINATION FORM

INTERVAL CHANGE IN MENTAL STATUS:

FUNCTIONAL STATUS AND/OR INTERVAL CHANGE:

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SUMMARY PLAN:
(Also See Orders)

(Include justification for psychoactive medication and / or any physical restraints which may be ordered).

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REHABILITATION POTENTIAL:

SIGNATURE / TITLE:

DATE:

SIGNATURE / TITLE:

DATE:

Thank you for helping Nursing comply with this requirement.