

HISTORY AND PHYSICAL

Name: _____ DOB: ____/____/____ Date: ____/____/____

Facility: _____ Skilled Custodial

Community PCP & Phone Number: _____

Pneumo Vax: _____ YEAR Flu Vax: _____ YEAR

Present Medical History: _____

Past Medical History (including surgical and pertinent family history):

Smoking: Y N; _____ pack years; quit _____ Alcohol use: rare/never heavy _____

Medication List Reviewed _____

Social Status: Married _____ Widowed _____ Divorced _____ Single _____

Children _____ Grandchildren _____ Other Friends _____

Advance Directives: CPR? *Y or N* Mechanical Vent? *Short-Term Y or N* *Long-Term Y or N*
Tube Feeding? *Y or N* Comfort Measures Do Not Hospitalize

ROS: Unable b/o dementia/language **Reviewed:** Meds; Nsg Notes; Interdisc Notes;
Allergies: _____ M/S: arthralgia back pain swelling stiffness myalgias limb pn
Const: fatigue falls fever chills lightheaded wt loss Skn/Brst: sores discoloration pruritus pain lumps discharge
Eyes: blur dim blindness cataract glaucoma glasses Neuro: paralysis HA slurred speech tremor parasthes neuralgias
H/ENT: dryness sores dysphagia hearing loss wax congest Psych: depress anxiety memory loss agitation insomnia
Resp: dyspnea wheeze cough sputum Endo: heat/cold intolerance polyuria polydipsia
CV: CP orthopnea edema palpitations claudication Hemo: easy bruisability bleeding
GI: anorexia pain n/v diarrhea constip melena heartburn ADLs: Needs help: trans toilet eat walk drsg bth
GU: dysuria urge freq hesitancy hematuria incont cath Amb: Independent w/cane w/walker w/assist w/c not at all

CON: Resting Comfortably _____ Vital Signs (3) _____

EYES: PERRLA, EOMI NI Lids/Conjunctiva

NECK: Supple, No Masses, Sym No Thyromegaly

H/ENT: NC/AT NI Hearing NI Ext Ears/Nose Ext Aud Cnl clr, NI TM's NI Lip/Tongue/Gums NI Pharynx

RESP: NI Effort Lungs Clr to A NI Palp NI Perc

CV: NI Palp NI S1, S2, No M,G,R No Carotid Bruits: No AAA NI DP/PT No Edema

BREASTS: NI Appearance No Masses/NT

GI: Soft, NI BS, NT/ND, No Mass No HSM No Herniation NI An/Peri/Rect Neg FOBT

GU-F: NI Ext Genitalia GU-M: NI Penis NI Scrotum NI Prostate

LYMPH (≥ 2 areas): No Lymphadenopathy NI Cervical NI Axillary NI Groin

