



**PHYSICAL
EXAMINATION**

Name: _____
 PHN: _____
 DOB: _____

Vital Signs:

BP _____ HR _____ Resp _____ Ht _____ Wt _____

Temp _____

	Normal	Abnormal	Not Assessed	Specify Abnormalities
Skin				
Head				
Eyes – General				
Eyes – Fundoscopy				
Ear & Nose				
Mouth				
Neck				
Cardiovascular				
Respiratory* (Thorax)				
Lymph nodes				
Extremities				
CNS – Gait				
Level of Consciousness				
Cranial Nerves				
Neuro – Relfexes				
Motor & Sensory				
Breast/Genital/Rectal				

Medications (include OTC drugs) _____

Allergy (describe reaction) _____

Past Medical History _____

Social History – Current Occupation _____ Smoking _____ Alcohol _____

Routine Pre-Admission Lab work

CBC	Diagnosis and Proposed Management
Lytes/BUN/CR	_____
F.B.S. (spot okay)	_____
Liver Function Test	_____
HBSAG/B/C	_____
Routine Urinalysis	_____
Upload completed document to Document Management in MHAIS. Non-MHAIS users please send with referral	Physician's Signature _____
	Date _____