

Pre-Admission Physical Examination
(Physical Examination form to be completed by applicant's physician)

Applicant's Name _____ Date of Birth _____

Address _____

Telephone Number () _____ Marital Status _____ Male / Female

Chief Complaint _____

Past Medical History _____

PHYSICAL EXAMINATION: Height _____ Weight _____

Skin _____

E.E.N.T. _____

Chest and Lungs _____

Heart _____

Abdomen _____

Genito-Urinary (including pelvis) _____

Neuro-Muscular _____

Mental Status _____

Test results and dates of the most recent diagnostic studies, including chest x-ray, CBC, urinalysis, and other studies substantiating the diagnosis _____

Last Flu Vacc: _____

Last Pneumo Vacc: _____

Decubitus: No Yes If yes, check the following

Location Extremities Hip Buttock Other

Developed at Home Hospital Facility

Functional level (circle the most appropriate level for each item below)

ITEM	LEVEL 1	LEVEL 2	LEVEL 3	LEVEL 4	LEVEL 5
Eating	Self	With Assistance	Total Care	Tube Feed	
Bathing	Self	With Assistance	Total Care		
Dressing	Self	With Assistance	Total Care		
Continence of Urine	Continent	Occas. Incontinent	Incontinent	Catheter	
Continence of Bowel	Continent	Occas. Incontinent	Incontinent	Colostomy	
Mental Status	Clear	Occas. Confused	Confused	Semi Comatose	Comatose
Noisy	Never	Occasionally	Most of the time		
Combative	Never	Occasionally	Most of the time		
Withdrawn	Never	Occasionally	Most of the time		
Wanders	Never	Occasionally	Most of the time		
Suicidal	Never	Occasionally	Most of the time		
Mobility	Ambulatory	Wheelchair/Mobile	Cane/walker/asst.	Chair bound	Bedfast
Sight	Not Impaired	Impaired	Blind		
Hearing	Not Impaired	Impaired	Deaf		
Speech	Not Impaired	Impaired	Aphasic		

Diagnosis _____

Present Medication _____

Diet _____

Physician _____

Signature

Print Name

Address _____

Telephone Number _____

Date _____