

Name: _____ Age: _____ Sex: _____ Date: _____

Summary-Chief Complaint/History of Present Illness:

Past Medical History:

Medical Diagnosis:	Surgeries:	Medications:	Allergies:

Social History:

Tobacco: Yes No ETOH: Yes No Married/Divorced/Widowed/Single Lives with: _____

Review of Symptoms:

CONSTITUTIONAL	DERMATOLOGY	ENT	CARDIOLOGY	ENDOCRINE
Fever	Rash	Hearing Loss	Chest Pain	Polydipsea
Chills	Lumps	URI-S/S	Shortness of Breath	Polyuria
Weight Loss/Gain	Decubitus/Skin Issues	Sore Throat	Palpitations	Weight Changes
Loss of Appetite	Bruising	Vision Loss	Swelling	Fatigue
Pain Controlled				Blood Sugar ↑ or ↓
RESPIRATORY	GU	GI	PSYCHOLOGY	NEUROLOGY
SOB	Dysuria	Nausea/Vomiting	Depressed Mood	Memory Loss
DOE	Frequency	Diarrhea	Anxiety	Unsteady Gait
Cough	Pressure	Constipation	Sleep Problems	Visual Changes
Congestion	Incontinence	Abdominal Pain	Behaviors	Seizures
Wheezing	Blood in Urine			Headaches
				Speech Abnormality

ASSISTED LIVING HISTORY AND PHYSICAL

GENERAL:	Well Developed/ Well Nourished	Overweight/Obese/Thin/Frail	Pleasant/Uncooperative/Agitated	Female/Male
HEENT:	Normal Canal/Auricle PERRL	Conjunctivae/Lids EOMI	Deviated Septum TM _____	Throat _____
NECK:	Symmetry	Mass/Adenopathy	Thyroid: NL/enlarged/mass	Carotid Bruit
LUNGS:	Clear to Auscultation	Wheeze	Rales	Rhonchi
			Diminished Breath Sounds	Effort: Easy/Mild Distress/Severe Distress
HEART:	Rate: NL/Bradycardia/Tachycardia	Rhythm: Sinus/Irregular/AFIB	Murmur: Yes/No	Click: Yes/No
EXTREMETIES:	Edema	Pulses: Radial _____	DP _____	PT _____
ABDOMEN:	BS: Normal/Increased/Decreased	Tenderness	Masses	Rebound Distended Scars
SKIN:	Warm	Moist	Rash	Lumps Incision Clean/Dry
			Well Approximated: Suture/Staples/Steri	
NEURO:	Alert/Lethargic/Non-responsive	Oriented: Person/Place/Time	Speech: NL/Slurred/Aphasic	Memory: Intact/Impaired
	Gait: NL/Unsteady/Non-ambulatory	Cranial Nerves: Intact	Motor: NL/Focal Deficit of _____	Sensation: Normal/Diminished _____
ORTHO:	Knee: _____	Shoulder: _____		
	Hip: _____	Elbow: _____		
	Foot/Ankle: _____	Wrist/Hand: _____		

Other:

IMPRESSION:

1. _____
2. _____
3. _____
4. _____

PLAN:

1. _____
2. _____
3. _____

Prognosis	Good/Fair/Poor
Rehab Potential	Good/Fair/Poor
Code Status	

Physician Signature

Date