



CONNECTIONS OF MOORHEAD
810 4TH AVE. SOUTH, SUITE 156
MOORHEAD, MN 56560

THE ANNUAL PHYSICAL ASSESSMENT IS TO INCLUDE A PHYSICAL EXAMINATION, HEARING AND VISION SCREENING, CBC, URINALYSIS, CHEST X-RAY OR MATOUX, HEPATITIS B SCREENING, PAP SMEAR (WOMEN ONLY), AND A REVIEW OF THE MEDICAL TREATMENT PLAN.

Resident's name: _____ DOB: _____
Previous Diagnosis(es): _____ MA#: _____

HEIGHT: _____ WEIGHT: _____ TEMP: _____ PULSE: _____

BP: _____

REVIEW OF SYSTEMS:

Skin: _____ Lymph Nodes: _____

Eyes: Right _____ Left _____ Ears: Right _____ Left _____

Nose: _____ Throat: _____ Mouth: _____

Neck: _____ Lungs: _____

Heart: _____

Breast: _____

Abdomen: _____

Extremities: _____

Genito-Urinary: _____

Ano-Rectal: _____

Nervous System: _____

Vision: Right _____ Left _____ Both _____

Hearing: Right _____ Left _____ Both _____

LABORATORY DATA

Urinalysis: _____

CBC: _____

Pap Smear: _____

Hepatitis Screening: _____

Other: _____

Chest X-ray or Mantoux: _____

PRESENT COMPLAINTS OR STAFF OBSERVATIONS:

MENTAL FUNCTIONING (Describe apparent limitations)

MENTAL RETARDATION: YES _____ NO _____ NOT SURE _____

DEGREE:

PHYSICAL CAPACITY: (if limitations exist, please note and describe)

Walking _____ Standing _____

Stooping _____ Kneeling _____

Lifting _____ Pushing _____

Pulling _____ Reaching _____

Digital Manipulation

EXAMINEE IS/IS NOT PHYSICALLY ABLE TO SWIM

EXAMINEE IS/IS NOT IN NEED OF TWENTY-FOUR HOUR NURSING SERVICES

EXAMINEE IS FREE OF COMMUNICABLE DISEASES: YES _____ NO _____

SUMMARY OF PHYSICAL EXAM AND DIAGNOSIS:

DATE

PHYSICIAN'S SIGNATURE