

Mayfair House

Report of Resident Physical Examination

Important note to physician:

Your patient desires to live at Mayfair House, a licensed assisted living facility. Per state requirements, this document must be completed in its entirety. The physical examination, including screening for tuberculosis, must be performed within 30 days prior to the date of admission. Thank you for your cooperation.

NAME: _____ SOCIAL SECURITY NUMBER: _____

DATE OF PHYSICAL EXAMINATION: _____

Height: _____ Weight: _____ Blood Pressure: _____

Significant medical history:

General physical condition, including systems review as medically indicated:

Diagnosis / significant problems:

Allergies (food, medicine, or other):

Code status:

Physical Examination for: _____

Current medication orders:

Does your patient have any of the following conditions or care needs?

Condition / Care Need	Yes	No	Comments
Non-ambulatory (unable to exit building in an emergency without assistance)			
Ventilator dependency			
Dermal ulcers stage 3 and/or 4			If stage 3, is ulcer(s) healing?
Intravenous therapy or injections			If intermittent therapy, indicate expected time period.
Airborne infectious disease in a communicable state that requires isolation / special precautions			
Psychotropic medications without appropriate diagnosis and treatment plans			
Nasogastric tubes			
Gastric tubes			If yes, is person capable of independently feeding self and caring for tube?
Presents imminent physical threat or danger to self or others			
Requires continuous licensed nursing care			

Recommendations for care:

Behavioral / psychiatric	
Diet	Circle one: Regular NCS NAS Special instructions:
Rehab therapy (PT, ST, OT)	
Other	

Signature: _____

Physician's name, address, and telephone:
