

Last Name		First Name	
Street Address		City, State, Zip	
Date of Birth		Attending Physician	
Diagnosis			
Height	Temperature	Respiration	
Weight	Pulse	Blood Pressure	
Allergies		Special Dietary Needs	
Medical History			
Psychosocial History			
Client is able to perform physical activities without restriction. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Limited			
General Appearance Nutrition Pallor			
Head Eye Ear Nose Throat			
	Yes	No	
Heart Murmur			
Heart Enlargement			
Abdomen Distension			
Enlarged Spleen			
Enlarged Liver			
Lungs: Normal Respirations			
Lung Rates		Lung Dullness	
Other Findings			
Balance			
Coordination Motor Strength			
Adenopathy	Neck		
	Axilla		
	Groin		
Extremities Bones Joints			
Neurological	DTR's, Babinski, Romberg		
	Cranial Nerves		
	Gait		
Urinalysis Positive For:			
As part of the physical, please perform the following diagnostic test(s): <input type="checkbox"/> EKG <input type="checkbox"/> Electrolytes <input type="checkbox"/> CBC and Differential <input type="checkbox"/> Blood Sugar <input type="checkbox"/> Liver Function			
Please forward the written results of the above tests to	Farnum Center	Farnum Center North Webster Place	Farnum Center North Ray House

Please include the client's medical records and a full list of current prescriptions. Clients are only permitted to take listed medications accompanied by written medical orders.

Medication Rx Checklist

Medication Name	Medication Purpose	Dosage	Date Filled	# Refills Remaining

Clients may also take the following "non-prescribed medications" as needed, according to the package's directions, while in residential treatment at Farnum Center/Webster Place/Ray House. Physicians should **CROSS OUT** the medication that the client **MAY NOT** take.

Aspirin, non-aspirin, ibuprofen/Advil, liquid antacid, cough drops, multivitamins, Cortaid/hydrocortisone cream, anti-fungal cream (athlete's foot), Sudafed (pseudoephedrine), cold or allergy medication, medicated foot powder, Tums/Rolaids, hydrogen peroxide (topical anti-infective), Neosporin or comparable antibiotic cream, Antiseptic wipes, Milk of Magnesia, Colace, Anbesol/Orajel

Please note: Pre-approval by a resident's Primary Care Physician provides our program with a qualified opinion that the client is capable of physical and mental participation in all aspects of our Residential Treatment program. Easterseals NH's Farnum Center does not provided medical treatment or detoxification and should not be viewed as a substitute for those services.

I certify that I have examined _____ (patient name) on _____ (date) and find him/her to not need nursing care. There are no overt withdrawal symptoms present during this examination that require hospitalization. S/he is mentally competent, not suicidal and is oriented to person, place and time. The patient is ambulatory and capable of full self-care.

I certify that the enclosed information is accurate.

Physician's Signature

Date