
WESTHAVEN COMMUNITY
"A MINISTRY OF THE EVANGELICAL CHURCH"

MEDICAL HISTORY & PHYSICAL EXAM

Name: _____ Date of Birth: _____

Address: _____ City _____ State ____ Zip _____

Weight: _____ Height: _____

Allergies: _____

Medical History: _____

Surgical History: _____

REVIEW OF SYSTEMS:

Cardiovascular: _____

Endocrine: _____

Gastrointestinal: _____

Heent: _____

Integumentary: _____

Musculoskeletal: _____

Neurosensory: _____

Respiratory: _____

Urinary: _____

VITALS: Temp. _____ Pulse: _____ Resp: _____ B/P: _____

TEST DATES:

Tuberculin Skin Test: _____ Results: _____

Influenza Vaccination: _____

Tetanus: _____

Pneumococcal Vaccination: _____

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- **PATIENT IS FREE OF COMMUNICABLE DISEASES:** YES ___ NO ___
- **MANTOUX TEST** is preferred prior to admission, if not completed see below:
 Order for Mantoux: _____
- **LEVEL OF CARE:** SNF ICF (please circle one)

ORDERS:

Diet: _____ Activity Level: _____
 Skin tx: _____
 Routine Labs: _____
 Rehabilitation orders: _____

PLEASE LIST CURRENT MEDICATIONS AND DIAGNOSIS FOR EACH BELOW:

If a separate list of medications is attached, it must include diagnosis and physicians signature.

Medication (dose, frequency, route, prn pain, prn laxative)	Diagnosis

Seat Belt Required While Riding Public Transportation

I hereby recertify that she/he requires the following indicated care in accordance with Chapter 135C of the Iowa Code, 1997 Health Facilities Act.

M. D.

Date: _____

Signature M.D.

Address: _____