

Physical Examination Form

Name: _____

Date Examined: _____

Address: _____

DOB: _____

Age: _____

Marks and Scar: _____

VITAL SIGNS AND STATISTICS							
Weight	Height	Temp	Pulse	Head Circumference	Respirations	BP	SAO2

SYSTEM	NORMAL	NOT EXAMINED	ABNORMAL	ABNORMALITIES AND FINDINGS
General Appearance				
Skin and Hair				
Head				
Eyes				
Ears				
Nose				
Oropharynx				
Neck				
Chest				
Breast				
Lungs				
Cardiovascular				
Abdomen				
Genitalia				
Rectal				
Musculoskeletal				
Neurological				
Gait				

Preventive Exam Needed	Yes	No	Frequency of Exam	Referral Made to Specialist
Mammogram				
PAP Smear				
Colonoscopy				
Bone Density				

Name: _____

Prostheses	Glasses	YES	NO
	Hearing Aid	YES	NO
	Dentures	YES	NO
	Other:		
Diet Order			
Diet Texture (circle one)	Regular	Diced	Ground
Edentulous Gum Check	YES	NO	
Pertinent Laboratory/Results	Cholesterol Screening	YES	NO
Visual Acuity	Adequate for daily living?	YES	NO
Hearing Sensitivity	Adequate for daily living?	YES	NO
Medication Orders:			
Other Orders:			
Acute Diagnoses:		Plan of Care	
Chronic Diagnoses:		Plan of Care	
If patient is Over 21 or Under 65 and of good health how often do you recommend a Physical Exam?		Annually Every 2 years Every 3 years	

PHYSICIAN SIGNATURE

DATE

DEVELOPMENTAL SERVICES OF DICKSON COUNTY
STANDING ORDERS
MAY BE PURCHASED AS NEEDED

1. **Mylanta liquid**, two teaspoons every 6 hours, PRN, p.o., not to exceed 4 doses in 24 hours for relief of indigestion. Not to exceed 3 consecutive days, after 3 days call doctor.
2. **Tylenol (acetaminophen)**, 325 mg, 2 tablets every 6 hours, PRN, p.o., not to exceed 4 doses in 24 hours, for fever over 100 degrees orally (or 99 degrees axillary) and minor pain, if symptoms worsen discontinue use and call doctor. If no relief in 24 hours call doctor.
3. **Robitussin CF**, 2 teaspoons every 6 hours or PRN, p.o., not to exceed 72 hours, for cough congestion, and cold. If cough accompanied by fever call doctor prior to giving.
4. **Imodium AD (loperamide hydrochloride)**, 2mg tablets, p.o., if weight greater than 95 pounds or 1mg tablet, p.o., if weight less than 95 pounds, for diarrhea. If does not stop or slow diarrhea, call doctor.
5. **Kaopectate Suspension** - This medication is used to treat occasional upset stomach, heartburn, and nausea. It is also used to treat diarrhea. If diarrhea lasts more than 2 days call the doctor. .
6. **Milk of Magnesia**, 2 tablespoons (30 cc) at bedtime or upon rising, p.o., followed by a full glass of water for constipation. Repeat in 24 hours if no bowel movement has occurred. Not to exceed 2 doses in 48 hours. If still no results in 48 hours see Fleets Enema, #6 (see box directions, also).
7. **Fleets Enema (saline laxative)** 4 ounces, rectally, times one dose, after trying MOM (see #5), for constipation. May use PRN if instructed by RN. If no bowel movement call doctor.
8. **Preparation H cream**, apply topically PRN, by cleaning affected area, apply thin layer to affected area, PRN, not to exceed 4 times in 24 hours for hemorrhoids. If no relief or pain persists longer than 72 hours, call doctor.
9. **Neosporin Ointment (triple antibiotic ointment)**, apply topically PRN, cleanse, then apply thin layer and cover with appropriate size dressing (if applicable) for minor skin abrasions. Change dressing daily and observe for signs of infection. If infection present or does not begin healing within 3 days, call doctor.
10. **Vitamin A & D Ointment/Cream**, apply topically PRN, cleanse affected perineal area, apply thin layer, for perineal chafing or redness. Reapply daily and after bowel and bladder movements. If does not begin healing in 72 hours, call doctor.
11. **Sunscreen SPF 45/or greater**, apply topically PRN, 30 minutes prior to intended full sun exposure on all exposed areas of skin for prevention of sunburn. NOTE: Many psychotropic medications state to avoid prolonged exposure to sun, some people will also need shade, hats, etc.
12. **Insect Repellent**, apply topically PRN, by lightly spraying or applying with hands to exposed skin, use sparingly, avoid contact with lips and eyes, limit need to use if possible, for prevention of insect bites.
13. **Nonprescription body lotion, body cream, lip balm or body powder** used for medical reasons such as dry skin, dry lips or chaffing. If person chooses to use above listed for aroma, appearance, or sensory enjoyment do not add to MAR.
14. **Use first aid**, PRN, per training.
15. **Midol/naproxen OTC** 1 tablet by mouth every 6 hours as needed for pain.

_____ Physician Signature*	_____ Date	_____ Name of Person Supported	_____ Date of Birth
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*Physician may choose to use any of the above items. If any item should not be used, draw a line through item and initial. Number 14 and 15 may be used to add any additional orders person may need.