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| BLOOD PRESSURE: | PULSE: |
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24. GENERAL APPEARANCE / FRAILITY:

 DISTRESS ACUTENESS SEVERITY

25. MENTAL STATUS / ALERT:

 DEPENDANT / ANXIOUS

| | NEG | POS | (Explain positive findings Items may be identified by number) |
|---------------------|-----|-----|---|
| 26. NECK / HEAD | | | |
| 27. E.E.N.T. | | | |
| 28. HEART | | | |
| 29. LUNGS | | | |
| 30. BREASTS | | | |
| 31. ABDOMEN | | | |
| 32. RECTAL | | | |
| 33. GENITALIA | | | |
| 34. MUSCULOSKELETAL | | | |
| 35. VASCULAR-PULSES | | | |
| 36. NEUROLOGICAL | | | |
| 37. SKIN | | | |
| 38. LYMPHATICS | | | |
| 39. LABORATORY | | | |

INPATIENT ADMISSIONS ONLY

SMOKING CESSATION DISCUSSED: YES NO N/A Comments: _____

DRUG CESSATION DISCUSSED: YES NO N/A Comments: _____

ETOH CESSATION DISCUSSED: YES NO N/A Comments: _____

PROBLEM LIST _____

DIFFERENTIAL PLAN _____

MANAGEMENT PLAN _____

| | | | |
|-------------|------|------------|------|
| PRINT NAME: | M.D. | SIGNATURE: | M.D. |
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PART OF THE MEDICAL RECORD