

ANNE GRADY SERVICES RESPITE DEPARTMENT
1525 Eber Rd
Holland OH 43528
Phone: 419-866-6500
Fax 419-866-4326

PRE-ADMISSION MEDICAL EXAM
MUST BE SIGNED BY A PHYSICIAN

Name: _____ Date: _____

Age: _____ Birth date: _____ Height: _____ Weight: _____

Temperature: _____ Pulse: _____ Respirations: _____ BP: _____

Diagnosis: _____

Allergies: _____

General Appearance: _____

Present Medical Status: _____

Present Medications (including dosage and time of day):

Surgical Procedures/Hospitalizations:

EXAM:

Head and Neck: _____

Eyes: _____

Ears: _____

Nose: _____

Mouth and Throat: _____

Chest: _____

Breasts: _____

Lungs: _____

Cardiovascular: _____

Respite Application

Page 7

Abdomen: _____

Genitalia: _____

Back: _____

Extremities: _____

Skin: _____

Neuro: _____

Station and Gait: _____

Code Status Please circle one: FULL DNR DNRCC DNRCC-arrest

IMMUNIZATION RECORD:

Chicken Pox Vaccine: _____ Polio vaccine: _____

MMR: _____ FLU VACCINE: _____

DPT: _____ PNEUM vaccine: _____

2-step PPD (required before admission):

Date of step 1: _____ Results: _____ MM

Date of step 2: _____ Results: _____ MM

Or recent chest x-ray results: _____

Physician's name (please print): _____

Address:

Emergency Room of Choice: _____

Physician Signature:

X _____ Date: _____