

## Physical Examination for Admission to Portage Manor Licensed Residential Care Facility

Applicants Name:	Date of Birth:
Address:	Telephone Number:

Physician's Name: \_\_\_\_\_ Date \_\_\_\_\_

Office Address: \_\_\_\_\_

Blood Pressure:	Pulse:	Respiration:	Temperature:	Height:	Weight:
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Mantoux Date Given: \_\_\_\_\_ Mantoux Date Read: \_\_\_\_\_ Result: \_\_\_\_\_

Given By: \_\_\_\_\_ Read By: \_\_\_\_\_

*Please read Mantoux in millimeters at 72hrs; required within 3 months of admission.*

Chest X-Ray must be done within 6 months prior to admission if Mantoux is positive and/or contraindicated.

Chest X-Ray Date: \_\_\_\_\_ Written Results: \_\_\_\_\_ Copy attached \_\_\_\_\_

Free of Tuberculosis: Yes or No

Free of Communicable Disease at time of exam: Yes or No

Diagnosis:
Allergies:
Diet:
Activity Order:

<p><b>General Exam:</b></p> <p>Head _____ Throat _____</p> <p>Eyes _____ Abdomen _____</p> <p>Ears _____ Back _____</p> <p>Nose _____</p> <p>Genitals _____</p> <p>Neck _____ Rectal _____</p> <p>Lungs _____ Skin _____</p> <p>Heart _____</p> <p>Neurologic _____</p>	<p><b>Medication Orders:</b></p>       <p>May use generic _____</p>
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**\*\*All areas of the form must be completed and signed by physician for Admission**

Form 3b

Physician Signature: \_\_\_\_\_

Updated/Initiated 10/19/18 RC