

# SHARED LIVING - ANNUAL PHYSICAL EXAM FORM

Date of Physical - \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ DOB: \_\_\_\_\_

Address \_\_\_\_\_ Sex \_\_\_\_\_

B.P. \_\_\_\_\_ P. \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Eyes \_\_\_\_\_

Ears \_\_\_\_\_ Audiological \_\_\_\_\_  
(Normal – Need Attention – Rx)

Nose \_\_\_\_\_ Throat \_\_\_\_\_  
(Obstruction, Chronic Sinus) (Tonsils: Normal, Enlarged, Removed)

Mouth \_\_\_\_\_ Neck \_\_\_\_\_  
(Caries, Abnormalities) Thyroid Enlarged, Nodules, etc.)

Breasts \_\_\_\_\_ Lungs \_\_\_\_\_  
(Abnormalities) (abnormalities)

Heart \_\_\_\_\_  
(abnormalities)

Abdomen \_\_\_\_\_ Hernias \_\_\_\_\_  
(Abnormalities, Scars, etc.) (Inguinal, Abdominal)

(Male) Genito-Urinary \_\_\_\_\_ PSA TEST \_\_\_\_\_  
(Urethral Discharge, Enlarged Prostate, UTI)

(Female) Gynecological \_\_\_\_\_ Pap Test \_\_\_\_\_ Mammo. \_\_\_\_\_

Ano – Rectal \_\_\_\_\_  
(Hemorrhoids, Prolapse, Growths, etc.)

Varicosities \_\_\_\_\_ Musculoskeletal \_\_\_\_\_

Nervous & Emotional Evaluation \_\_\_\_\_

Allergies \_\_\_\_\_ Tetanus Booster \_\_\_\_\_ TB Screen \_\_\_\_\_

Flu- Vaccine \_\_\_\_\_ Pneumovax \_\_\_\_\_ Diet \_\_\_\_\_ Texture \_\_\_\_\_

Annual Cancer screening needed Yes \_\_\_\_\_ No \_\_\_\_\_ if needed please order \_\_\_\_\_

Restrictions for Physical/Recreational Activities: \_\_\_\_\_

Restrictions for Working Conditions: Yes \_\_\_\_\_ No \_\_\_\_\_

Resident May \_\_\_\_\_ May Not \_\_\_\_\_ participate in Special Olympics.

DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

MEDICATIONS

TREATMENTS

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STANDING ORDERS/TREATMENTS

- Acetaminophen/Tylenol: 2 tablets p.o. or 4 tsp. (20cc) liquid as needed every 4-6 hrs. for sore throat, temperature, toothache or menstrual cramps.
- Guiatuss DM Syrup/Robitussin DM : 2 tsp. (10cc) p.o. 4 times a day for cough as needed.
- Imodium/Loperamide HCL: 4 tsp. (20cc) as needed for diarrhea after 2 loose stools, may repeat one time.
- Mylagel/Mylanta: 15-30 cc p.o. prn as antacid for upset stomach.
- Milk of Magnesia: 30cc p.o. prn constipation after 2 days of no BM.
- Fleet Enema: As needed if no bowel movement in 3 days.
- Tinactin Powder/Spray: As directed on container for Athletes Foot or Jock Itch.
- Calamine Lotion: Apply to Poison Ivy prn.
- Solorcaine: Apply as needed to sunburn.
- Bacitracin Ointment: Apply as needed to simple cuts, abrasions, wounds.
- Subelix/Selsun Blue Shampoo: Use 2x week as needed for dandruff.
- Caldescene Powder/Gold Bond: Apply to soothe body irritation as needed 2-3 times daily.
- Debrox Eardrops: Place 5 drops in one or both ears daily x 4 days for ear wax.
- Lubriderm/Keri Lotion: Apply to dry skin after shower PRN.
- Insect Repellent Without DEET

Laboratory Studies: Hep B screening

Physical Therapy Screening other than exercise:

Occupational Therapy Screening:

\_\_\_\_\_  
(Physician Signature)

DATE: \_\_\_\_\_