Health Record

Name:_____ **Date of Birth:** _____ **Allergies:** _____

Diagnosis: _____

_____

Healthcare Provider	Specialty	Address	Phone	Fax
	Family			
	Dentist			
	PHARMACY			

Agency Responsible for Providing Care? ☐ **No** ☐ **Yes** _____ **Tel** _____
(Name of agency/contact person)

Consent Status: ☐ Can give own consent ☐ Unable to give consent and no guardian
☐ Consent from guardian Name _____ Tel # _____
Health Care Rep: ☐ No ☐ Yes Name_____ Tel # _____
Resuscitation Status: ☐ DNR ☒ Full Resuscitation

Medications:
☐ Medication sheet/record attached OR ☐ List attached

Communication
☐ Able to Communicate
☐ Communication Difficulties/Uses
☐ Verbalization
☐ Communication difficulties/Uses Gestures
☐ Special communication device/method:
☐ Not Able to Communicate Needs

Dining/Eating
☐ Independent
☐ Needs Assistance
☐ Totally Dependent
☐ Fed Through a Tube
☐ Other _____

Ambulation
☐ Independent ___Steady __Unsteady
☐ Needs Assistance __1 person __2 people
☐ Ambulation Aids __Walker __Cane __Crutches
☐ Wheelchair
☐ Non-Ambulatory

Oral Hygiene
☐ Independent
☐ Needs Assistance: _____
☐ Edentulous / Dentures

Medication Administration:
☐ Independent/Self Medicates
☐ Medication Administered by Staff
☐ Pill Organizer Set up Weekly

Personal Hygiene
☐ Independent
☐ Needs Assistance: _____

Toileting Ability
☐ Continent
☐ Incontinent ___Bowel ___Bladder
☐ Needs Assistance
☐ Catheterized
☐ Other: _____

Supportive Devices
☐ Orthotics
☐ Helmet
☐ Other

Pain Response
☐ Normal
☐ Unique (explain): _____

Diet
Type**:** _____
Texture:
☐ Thicken Liquid
☐ Regular
☐ Ground
☐ Chopped
☐ Pureed

Vision
☐ Normal
☐ Blind
☐ Wears Glasses/Contacts
☐ Other: _____

Hearing
☐ Normal
☐ Deaf
☐ Hearing Aid / Cochlear Implant
☐ Other: _____

Usual Response to Medical Exams
☐ Cooperates ☐ Partially Cooperates ☐ Resistant ☐ Fearful

☐ Sedation for clinical visits (explain): _____
☐ Special positioning required for examination (explain): _____
☐ Double staffing required for assistance with exams (explain): _____
☐ Requires limited waiting periods for exams
☐ Other: ___

☐ Prefers early day appointments ☐ Prefers end of day appointments

High Risk Issues (See individual management plans)

Dining/Dysphagia ___ Yes ___ No Constipation/Hydration ___ Yes ___ No Seizure ___ Yes ___ No
Diabetes ___ Yes ___ No Incontinence ___ Yes ___ No Hypothyroidism ___ Yes ___ No
Insomnia ___ Yes ___ No Skin Integrity/ Immobility ___ Yes ___ No Other: _____

Tuberculosis Skin Test (PPD):
Have you ever had a positive skin test for tuberculosis? ☐ Yes ☐ No ☐ Unsure
If yes, was any treatment given? ☐ Yes (describe) _____
☐ No (explain) _____
Date of last PPD: _____

Childhood Illness: ☐ Measles ☐ Mumps ☐ Rubella ☐ Chickenpox ☐ Rheumatic Fever ☐ Polio

Immunizations and Dates		
	☐ Tetanus :	☐ Pneumonia:
	☐ Hepatitis:	☐ Chickenpox:
	☐ Influenza:	☐ MMR (Measles, Mumps, Rubella):

Prior Evaluations	**Date**	**Unknown**	**Never**
Bone Densitometry		☐	☐
Sigmoidoscopy or Colonoscopy		☐	☐
PSA (Prostate Screening)		☐	☐
Mammogram		☐	☐
PAP Screen		☐	☐

Females Only: Age Menstruation started _____ Age Menstruation Stopped _____ Still Menstruating ____

Irregular Periods / Heavy Bleeding	Yes	No	Severe Cramps	Yes	No
History of Abnormal Paps	Yes	No	Miscarriage	Yes	No
Hysterectomy: Partial / Complete	Yes	No	Have you ever given birth to a child	Yes	No

Past Medical History (surgeries, serious injuries/illness/hospitalizations)	**Date:**

Family History

Family Member	**Deceased**		**Age at Death**	**Cause of Death**	**Current Age**	**Health Status**
Father	Yes	No				
Mother	Yes	No				
Brothers	Yes	No				
	Yes	No				
Sisters	Yes	No				
	Yes	No				

Have any of your relatives had any of the following?

Disease/Condition	**Yes**	**No**	**Relationship**
High Cholesterol	☐	☐	
Diabetes	☐	☐	
Kidney Disease	☐	☐	
Heart Disease or High Blood Pressure	☐	☐	
Osteoporosis	☐	☐	
Asthma or Hay Fever	☐	☐	
Colon Polyps	☐	☐	
Cancer: Type-_____	☐	☐	
Intellectual Disability	☐	☐	
Birth Defects	☐	☐	
Other Disease:	☐	☐	
Genetic Counseling:	☐	☐	

Health Record forwarded to…

		Date
	NOD book	
	Behavior Specialist	
	Program Manager	
	IPMG Case Manager	
	QMRP	
	Day Service Distribution	
	MOD Book	