

Eliza Huntington Home

99 Washington Street
Norwich, Connecticut 06360
Telephone: 860-887-0684 Fax: 860-887-5902

Physician's Evaluation and History

Your patient, _____ has applied for admission to this Home. Please complete this form for our records.
This information will help us determine her level of care. Thank you.

Date last seen: _____
Age: _____ Height: _____ Blood Pressure: _____ Pulse: _____ Tuberculosis Test: _____

General appearance: _____

Current Diagnosis: _____

Chief Complaints: _____

Past Health History
Adult Illnesses: _____ Family History: _____
Surgeries: _____ Allergies: _____
Injuries: _____

Mental Condition Clear Partly Confused Very Confused
Any psychiatric problems? Yes No
If yes, please explain: _____

Hospitalizations needed: Yes No

Recent Infections? Yes No Please explain: _____

Treatments Received: _____

Skin: _____ Chest: _____ Head & Neck: _____

Heart: _____ Lungs: _____ Gastrointestinal: _____

Genitourinary: _____

Continent: _____ Incontinent: _____

Gynecological: _____ Musculoskeletal: _____

Neurological: _____

Ambulation: Excellent Good Fair Poor
 Cane Walker Need Wheelchair

Does patient need: PT OT Therapies

Insulin Dependant: _____ Is Oxygen Needed: _____ Any appliances: _____

Special diet needs: _____ Assistance with ADL's: _____

Please list current medications:
1 _____ 6 _____
2 _____ 7 _____
3 _____ 8 _____
4 _____ 9 _____
5 _____ 10 _____

It is the policy of the Home to supervise all resident medications.

I, _____, M.D., certify that this patient does not require nursing care and is ambulatory under the meaning of the Connecticut State Law. (The term ambulatory under the meaning of the law when used in relation to a person, shall mean one who, without the aid of another, is physically and mentally capable of walking a normal path to safety, including the ascent and descent of stairs.)

Signature: _____ Date: _____