# RESIDENTIA

REG NO. 001-651-NPO

[T] 012 341 0416 [E] info@residentia.co.za [W] www.residentia.co.za

**PLACE RESIDENT IDENTIFICATION LABEL** OR **COMPLETE BELOW**

| | |
|---|---|
| NAME | |
| DOB | |
| MR NO. | |

# PHYSICIAN'S HISTORY | PHYSICAL EXAMINATION

| DATE | | TIME | | PHYSICIAN NAME | |
|---|---|---|---|---|---|

SOURCE OF INFORMATION ☐ PATIENT ☐ RELATIVE ☐ OTHER (SPECIFY)

## HISTORY OF ILLNESS / OPERATIONS

## MEDICATIONS

**INCLUDE NON-PRESCRIPTION DRUGS OR TREATMENTS USED IN THE HOME**

| | |
|---|---|
| | |
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| | |
| | |
| | |

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DOB

MR NO.

# PHYSICIAN'S HISTORY | PHYSICAL EXAMINATION

## SOCIO-ECONOMIC

**INCLUDE HABITS (e.g. smoking, etc,)**

## FAMILY HISTORY

## REVIEW OF SYSTEM *If a box is ticked, provide explanation

### RESPIRATORY

- ☐ Within normal limits (WNL)
- ☐ COPD or asthma
- ☐ Cyanosis
- ☐ Cough
- ☐ Sputum
- ☐ Pleuritic pain
- ☐ Dyspnea
- ☐ Hemoptysis
- ☐ $O_2$ Theray

**EXPLAIN**

### NEUROLOGICAL

- ☐ Within normal limits (WNL)
- ☐ Pain
- ☐ Tingling
- ☐ Tremors
- ☐ Vertigo
- ☐ Slurred disturbance
- ☐ Visual disturbance
- ☐ Numbness
- ☐ Headaches
- ☐ Weakness or paralysis
- ☐ Fall
- ☐ Gait _____
- ☐ Aphasic
- ☐ Seizures

**EXPLAIN**

### GASTROINTESTINAL

- ☐ Within normal limits (WNL) | Appetite: _____
- ☐ Nausea
- ☐ Anorexia
- ☐ Vomiting
- ☐ Hematemesis
- ☐ Constipation
- ☐ Change of bowel habits
- ☐ Heartburn
- ☐ Hernia
- ☐ Abdominal pain
- ☐ Blood in stool

**EXPLAIN**

### GENITOURINARY

- ☐ Within normal limits (WNL)
- ☐ Urgency
- ☐ Nocturia
- ☐ Discharge
- ☐ Incontinence
- ☐ Hematuria
- ☐ Pain over Kidneys
- ☐ Frequency
- ☐ Dysuria
- ☐ Catheter
- ☐ Polyuria
- ☐ Oliguria
- ☐ Pyuria

**EXPLAIN**

### MUSCULOSKELETAL

- ☐ Within normal limits (WNL)
- ☐ Joint or bone pain
- ☐ Swelling
- ☐ Stiffness
- ☐ Trauma
- ☐ Fractures
- ☐ Range of motion
- ☐ Miopathy

**EXPLAIN**

### HEMATOLOGY

- ☐ Within normal limits (WNL)
- ☐ Anemia
- ☐ Bruising or bleeding
- ☐ Enlarged lymph nodes

**EXPLAIN**

### GASTROVASCULAR

- ☐ Within normal limits (WNL)
- ☐ Palpitations
- ☐ Tachycardia
- ☐ Edema
- ☐ Paroxysmal nocturnal dyspnea
- ☐ Exertional dyspnea or orthopnea
- ☐ Chest pain or tightness
- ☐ Syncope
- ☐ Fatique
- ☐ Pacemaker
- ☐ Atypical pain
- ☐ Varicous Veins

**EXPLAIN**

### INTEGUMENTARY (SKIN)

- ☐ Within normal limits (WNL)
- ☐ Rash
- ☐ Pruritus
- ☐ Dry
- ☐ Hair
- ☐ Nails
- ☐ Poor or slow healing
- ☐ Unusual lesions or pigmentation changes

**EXPLAIN**

### REPRODUCTIVE

- ☐ Within normal limits (WNL)
- ☐ Birth control
- ☐ Bleeding
- ☐ Discharge
- ☐ Obstetic history
- ☐ Menstrual history
- ☐ Impotence
- ☐ Infertility
- Para: _____
- Gravida: _____
- ☐ LMP: _____

**EXPLAIN**

### ENDOCRINE

- ☐ Within normal limits (WNL)
- ☐ Polyphagia
- ☐ Temperature sensitivity
- ☐ Fever
- ☐ Night sweats
- ☐ Weight changes

**EXPLAIN**

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# PHYSICIAN'S HISTORY | PHYSICAL EXAMINATION

## VITAL SIGNS

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| TEMPERATURE | | PULSE | | RESPIRATIONS | | BP | |
| $O_2$ SATURATION % | | HEIGHT | | WEIGHT | | | |

## GENERAL APPEARANCE

## ALLERGIES

## PHYSICAL RISKS AND DEFICITS

## MENTAL STATE [Describe if Alzheimer / Dementia / any other is present and at which level]

## Parkinson's Disease OR Epilepsy

## Contagious Disease [Please specify]

## WALKING [Specify use of wheelchair, walker, crutches]

## IS THE PATIENT BEDRIDDEN [Bedsores]

## PRESENCE OF NEOPLASM

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# PHYSICIAN'S HISTORY | PHYSICAL EXAMINATION

## REVIEW OF INVESTIGATION

**LABORATORY DATA | IMAGING | EKG | DOPPLER | BIOPSY | etc**

## ADDITIONAL INFORMATION

## ASSESSMENT AND DIFFERENTIAL DIAGNOSIS

## MANAGEMENT PLAN

## RISK ASSESSMENT REVIEW

| | | |
|---|---|---|
| Can the patient be cared for at an ASSISTED LIVING centre? | YES | NO |
| Do the patient and family understand the illness OR conditon? | YES | NO |
| Do the patient and family understand the diagnosis and prognosis? | YES | NO |

## PHYSICIAN'S INFORMATION

NAME / SURNAME

PRACTICE NUMBER

CONTACT NUMBER

SIGNATURE

SIGN

**NOTE | PLEASE ATTACH ORIGINAL PRESCRIPTION FOR MEDICATION AND SPECIAL DIET**