

ANNE GRADY SERVICES
1525 Eber Rd
Holland OH 43528
Phone: 419-866-6500
Fax 419-866-7457

PRE-ADMISSION MEDICAL EXAM
MUST BE SIGNED BY A PHYSICIAN

SECTION A.

General Information

Name:	Date:
Age:	Height:
Birthdate:	Weight:
Tempature:	Pulse:
Respirations:	Blood Pressure:

SECTION B.

Medications/Diet/Code Status

*If you attach a medication list, it must have a physician's signature on it.

MEDICATION	DOSAGE	TIMES MEDICATION IS GIVEN

Please indicate the type of diet this person in on and any diet restrictions. (If this person receives tube feedings please indicate specific orders feedings):

*Please attach DNR paperwork if you have circled any DNR codes.

Please circle one: Full Code DNR-Arrest DNRCC

SECTION C.

Medical History

SURGERIES	DATE	PROCEDURES	DATE

HOSPITALIZATIONS	DATE	ALLERGIES

SECTION D.

Exam

Head and Neck	
Eyes	
Ears	
Nose	
Mouth and Throat	
Chest	
Breast	
Cardiovascular	
Lungs	
Genitalia	
Back	
Extermities	
Skin	
Neuro	
Station and Gait	

SECTION E.

IMMUNIZATIONS	Date Given
Chicken Pox Vaccine	
Polio Vaccine	
MMR	
Flu Vaccine	
DPT	
PNEUM Vaccine	

A 2-step PPD is required prior to admission or a negative read chest x-ray. A 1-Step PPD is required annually after admission. If a chest x-ray is completed, it must be done every 2 years to avoid interruption of services:

Date of step 1: _____ Results: _____MM Date of step 2: _____ Results: _____MM

Or recent chest x-ray results: _____

Physician's name (please print): _____

Address: _____

Emergency Room of Choice: _____

***Attachments submitted with this form must include a physician's signature.**

Physician Signature:

X _____ Date: _____