United Methodist Communities
Abundant Life for Seniors

PREADMISSION & ANNUAL MEDICAL HISTORY AND PHYSICAL

Name:		
Address:		
Telephone Number:	**Date of Birth:**	
Has applicant/resident been in a: **Hospital** ☐ **Nursing Home** ☐		
For what reason?		
Are you the applicant's/resident's regular physician? ☐ **Yes** ☐ **No**		
List all medications which applicant/resident is presently taking:		

Please provide prescriptions for all medications, including over-the-counter, and any adaptive equipment (if needed) prior to move in.

History

History Of:			
Allergies			
Diabetes		**Cancer**	**Type**
Cardiac	**Respiratory Illness**	**Tuberculosis**	**Prostate Disease**
Paralysis/ Weakness		**Where**	
Fractures	**Location**		**When**
Surgeries	**When**		**Reason**
Chronic Illness			
Mental And Emotional Health			
Prosthesis			

Dietary Needs (Please Circle One):

NO SALT ADDED **NO CONCENTRATED SWEETS** **REGULAR**

Physical Examination

Height		**Weight**	**Temperature**	**Blood Pressure**
Head	**Scalp**	**Nose**	**Gums**	**Ears**
	Eyes	**Throat**	**Tongue**	**Teeth**

Neck	**Nodes**	**Thyroid**
Chest	**Breasts**	**Lungs**

Abdomen	**Hernia**	**Genitalia**	**Rectum**

Extremities	**Skin**

Neurological:

Diagnosis:

Remarks and Recommendations:

Special Care Needs:

Physician (Please Print)	**Date of Examination**
Full Address	**Telephone Number**

Physician Signature_____