Health History
Ensure the client’s ability to see and hear to the best of his ability. This might require asking him if he has a preference for hearing side vs. side, needs additional light, etc. Plan procedures with an eye toward prioritizing those aspects that will demand attention and energy for the client, in case he fatigues easily.

General Health

**Functional Assessment**

Dressing, grooming, and hygiene (describe difficulties, if any):

____________________________________________________________________________

Eating (obtaining/shopping, preparing, chewing, tasting):

____________________________________________________________________________

____________________________________________________________________________

Sleep/rest Patterns (difficulty getting/staying asleep, orthopnea, pain/stiffness):

____________________________________________________________________________

Mobility (limited walking, driving, needs assistance):

____________________________________________________________________________

Love and belongingness (spouse, sexuality, proximity of family, socialization opportunities):

____________________________________________________________________________

Medications (List medications; ask how client obtains medications; ask how client organizes dosage and administration):

____________________________________________________________________________
Immunization history (influenza, pneumonia):
_____________________________________________________________________________

Nutrition history:
_____________________________________________________________________________
_____________________________________________________________________________

Chronic illness (cancer, diabetes, Parkinson’s, Alzheimer’s):
_____________________________________________________________________________

Review of history related to the current visit:

Focused symptom analysis of current problem:

Reason for visit: _____________________________________________________________
_____________________________________________________________________________

Character: ________________________________________________________________
Onset: ________________________________________________________________
Duration: ________________________________________________________________
Location: ________________________________________________________________
Severity: ________________________________________________________________
Associated problems: __________________________________________________________
Efforts to treat: ______________________________________________________________ 

Review of Systems (Age-Appropriate)

Allergies (Note response): _______________________________________________________

Skin (lesions, care, and hygiene): _________________________________________________

Head (injury, convulsions, headache, safety): ________________________________________

Eyes/vision (glasses, cataracts or surgery, pain, itching, dryness):
_____________________________________________________________________________

Ears/hearing (hearing difficulty, hearing aids): _______________________________________
_____________________________________________________________________________

Neck, lymph (pain, stiffness, swollen nodes): _______________________________________
_____________________________________________________________________________

Chest and lungs (COPD, allergies, infections, pneumonia, influenza):
_____________________________________________________________________________

Breast (BSE): _________________________________________________________________
Heart and cardiovascular (symptoms, history of cardiac event, stroke, BP history): 

Abdomen (GI, hernia(s), constipation, rectal itching/bleeding): 

Musculoskeletal (arthritis, fall risk, injuries): 

Neurological (gait, coordination, tremor, decreased sensation): 

Mental health (mental status, depression, grieving, loneliness): 

GU (incontinence, irritable bladder, pain, itching): 
Female reproductive (sexual activity, menopause, Pap, gravida, para): 
Male reproductive (sexual activity/ satisfaction, prostatitis, TSE): 

Physical Exam

Vital Signs

Temperature _______________ Height _______________

Pulse _______________ Weight _______________

Respirations _______________ BMI

Blood Pressure

(right) _______________

(left) _______________

General survey: 

Skin (lesions, care, hygiene, bruising, signs of abuse): 

Head (size, shape, hair/scalp, infestations, bruises): 

_____________________________________________________________________________
**Eyes/vision** (physical exam, Snellen’s, Rosenbach’s, anterior chamber, fundoscopic): ____________________________
________________________________________________________________________________________

**Ears/hearing** (physical exam, whisper, audiometry (if available)): ________________________________
________________________________________________________________________________________

**Neck, lymph** (ROM, nodes): _______________________________________________________________
________________________________________________________________________________________

**Chest and lungs** (thoracic movement, dyspnea, adventitious sounds): __________________________
________________________________________________________________________________________

**Breast** (scars) __________________________________________________________________________
________________________________________________________________________________________

**Heart and cardiovascular** (peripheral circulation, bruits, heart sounds): _________________________
________________________________________________________________________________________

**Abdomen** (hernia(s), organomegaly): _________________________________________________________
________________________________________________________________________________________

**Musculoskeletal** (joint morphology, spine): ___________________________________________________
________________________________________________________________________________________

**Neurological** (reflexes, language, tremor, coordination): _________________________________
________________________________________________________________________________________

**Mental health** (orientation, behavior, MMSE, level of alertness): _______________________________
________________________________________________________________________________________

**Female reproductive/urinary** (pelvic, Pap, STD, prolapse): ________________________________
________________________________________________________________________________________

**Male Reproductive/urinary** (hydrocele, lesions, hernia, discharge): ___________________________
________________________________________________________________________________________

**Analysis:** ______________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________