

Teresian House Medical Report

Teresian House Nursing Home – 200 Washington Avenue Extension, Albany, NY 12203

Telephone: 518-456-2000, extension 203 or 205 Fax 518-724-2796

Name: _____ Age: _____ M/S/D/W/SEP Date: _____

ADDRESS: _____

TELEPHONE: Home: _____ Work _____ Other _____

HISTORY OF PRESENT ILLNESS:

PAST MEDICAL AND SURGICAL HISTORY

HEPATITIS: NO _____ YES _____ TYPE _____

REVIEW OF SYSTEMS:

EYES: _____	GI _____
ENT _____	GU _____
CARDIAC _____	CNS _____
PULMONARY _____	OTHER _____

PHYSICAL EXAM: B.P. _____ HGT: _____ WGT: _____ FRAME: (S) (M) (L)

EYES: _____

ENT _____

NECK _____

CARDIAC _____

RESPIRATORY _____

ABDOMEN _____

EXTREMITIES _____

CNS _____

Medical report cont'd

A current CXR Report (within 6mo.) or Mantoux Test (within 12 mo.) is required for approval.

CHEST XRAY Report (Copy) **OR** Mantoux Test Date: _____ Negative _____ * Positive _____

* If positive PPD the Chest Xray Report is required.

INFLUENZA VACCINE: Date: _____ PNEUMOCOCCAL VACCINE: Date: _____ TETANUS: Date: _____

COPIES OF LATEST LABORATORY TESTS: CBC, URINALYSIS, COMPREHENSIVE METABOLIC PANEL, EKG

PHYSICAL CAPACITY: GOOD _____ CANE: _____ WALKER: _____ WHEELCHAIR _____

NEEDS ASSISTANCE WITH: BATHING _____ DRESSING _____ FEEDING _____

INCONTINENT: URINE _____ STOOL _____ SOMETIMES: _____ ALWAYS _____

MENTAL CAPACITY: ALERT _____ CONFUSED _____ ANXIETY _____ AGITATED _____

COMBATIVE _____ HALLUCINATES _____ DELUSIONS _____ OTHER _____

DIAGNOSES:

MEDICATIONS:

- | | |
|----------|----------|
| 1. _____ | 1. _____ |
| 2. _____ | 2. _____ |
| 3. _____ | 3. _____ |
| 4. _____ | 4. _____ |
| 5. _____ | 5. _____ |
| 6. _____ | 6. _____ |
| 7. _____ | 7. _____ |
| 8. _____ | 8. _____ |

MEDICAL CARE PLAN:

DIET: _____

PHYSICAL THERAPY/O.T. _____

TREATMENTS: _____

THERAPEUTIC GOALS: RESTORATIVE _____ SUPPORTIVE _____

REHABILITATIVE POTENTIAL: VERY GOOD _____ GOOD _____ FAIR _____ POOR _____

Print Name and signature M.D. _____ Date _____ License number _____

Street Address City-State Zip Code

Telephone number M.D. Signature