

2905 Douglas Avenue #30
Yankton, SD 57078
(605) 665-7255
Fax #605-668-2730

MEDICAL HISTORY

Name _____

DOB _____

LABORATORY TESTS: (Please complete and/or send recent lab results when available.)

HGB:	ALBUMIN:
HCT:	SGPT:
GLUCOSE:	SGOT:
CREAT:	PSA:
BUN:	FREE T4:
NA+:	TSH:
K+:	CA++:

IMMUNIZATIONS/COMMUNICABLE DISEASES:

* Pneumovax:	Yes; date _____	No
* Flu Vaccine:	Yes; date _____	No
Td Booster:	Yes; date _____	No
Hepatitis B:	Yes; date _____	No
Mantoux:	Yes; date _____	If No May we give 2Step Mantoux ____

*Resident free from communicable diseases? _____ Yes _____ No

*Resident in reasonably good health? _____ Yes _____ No

HEALTH CARE MAINTENANCE: (Please complete and/or provide reports for the following.)

Mammogram:	date _____	Results: _____
Pap Smear:	date _____	Results: _____
Sigmoidoscopy:	date _____	Results: _____
Prostate Exam:	date _____	Results: _____

*Has this individual discussed advance directives and end-of-life decisions with you?

Yes _____ No _____ Current recorded status, if known _____
Code status: _____ NO Code

*This individual is appropriate for the assisted living environment and does not require 24-hour nursing supervision:

Yes _____ No _____

PHYSICIAN CONSULTS:

COMMENTS:

PHYSICIAN'S SIGNATURE:

DATE: _____