

Affix label or:

NAME:

D.O.B:

GENDER: MALE / FEMALE

NHS No:

iPM/Maracis/ePEX No:

CONFIDENTIAL

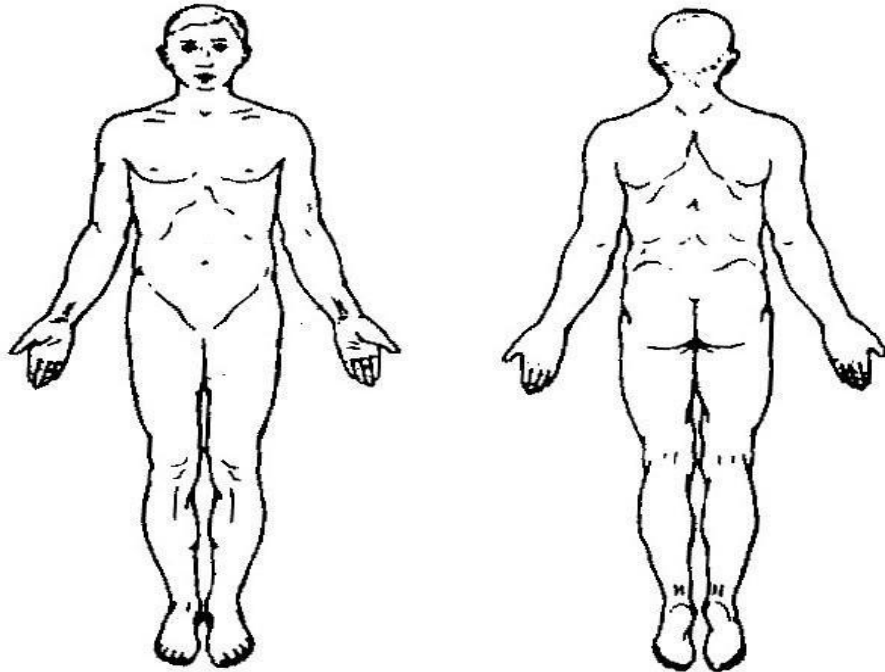
Multidisciplinary Admission / Review / Transfer Physical Examination Sheet
To be used in conjunction with policies C01: Admission, C32/C32a/C32b Transfers and C70a: Discharge from In-patient Care

Date of admission					
Registered with GP	Yes	No	Current medication confirmed with GP	Yes	No
Medication Details / Medicines Reconciliation					
Refer to PIP for specific medication monitoring					

Consent for physical examination			Reason for not completing physical examination						
On admission	Yes	No							
72 Hours	Yes	No							
1 Week	Yes	No							
Nutrition									
Swallow reflex present / absent		Waterlow risk assessment (if required)		Yes	No	N/A			
Any recent weight loss	No	Yes	Special dietary needs	No	Yes				
Weight	Height	BMI	MUST Yes / No	Waist Circumference					
Initial Observations (Nursing)									
Temperature	Pulse	BP	SO ₂ %						
If abnormal physiological observations on admission then continued monitoring throughout episode of care is the responsibility of the Key Worker. Ensure care plan is completed. See C22: Physiological Observations policy									
Past Medical History									
Heart Disease	No	Yes	Asthma	No	Yes				
Stroke	No	Yes	Diabetes	No	Yes				
Hypertension	No	Yes	Cancer	No	Yes				
Other i.e. Hepatitis B, C / HIV, Seizures									
Investigations Requested (Please Tick)									
Blood Tests		ECG		Urine Dipstix		MSU		Drug Screen	
PROLACTIN blood test		Other							
Refer to CPA documentation for continued monitoring									

Initial Observations

Record evidence of self-harm, drug use, injury.



Jaundice	No	Yes	Clubbing	No	Yes
Lymphadenopathy	No	Yes	Cyanosis	No	Yes
Anaemia	No	Yes	Oedema	No	Yes

Cardiovascular System

Pulse rate/Rhythm

Blood Pressure	Lying		Sitting		Standing	
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Heart Sounds

JVP	VTE Risk	Yes	No
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Other Comments
Perfusion/Peripheral Pulses
Oedema

Respiratory System

Respiratory Rate

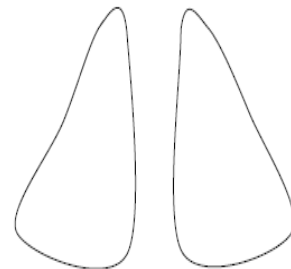
Trachea

Expansion

Percussion

Breath Sounds

Other Comments/Risks related to physical interventions



Gastrointestinal System	
Inspection	
Palpation	
Tenderness	
Organomegaly/Masses	
Bowel Sounds	
Other Comments	

Nervous System						
Level Of Consciousness				Pupils		
Fundoscopy and Visual Fields				Cranial Nerves		
Tone				Power		
Sensation						
Reflexes						
	Biceps	Triceps	Supinator	Knee	Ankle	Plantar
Right						
Left						
Coordination: Finger-nose-finger Heel-Toe Walk						
Gait						
Extrapyramidal Signs						

Completed By:			
Name – Doctor:	Title	Signature	Date
Name – Nurse:			
Chaperone (if present):			
<i>See C54c: Chaperoning Policy</i>			

Patient Reported Health And Screening						
Smoker	No	Yes	How Many	How Long	Do you want to STOP?	
Alcohol	No	Yes	Units per week	What Type	See Alcohol Screening Tool - C87	
Illicit Drugs	No	Yes	Details			
Exercise	No	Yes	Details			
Continent	No	Yes	Details			
Cx Screen	No	Yes (Date?)		Breast Screen	No	Yes (Date?)
Contraception						
Dental Health						
Date of last check up:						
Eye Appointment						
Date of last check up:						
Hearing						
Date of last check up:						

Family History (First Degree Relatives)		
Heart Disease	No	Yes
Stroke	No	Yes
Hypertension	No	Yes
Diabetes	No	Yes
Asthma	No	Yes
Osteoporosis	No	Yes
Cancer	No	Yes

Need for Ongoing Monitoring Every 6/12 or 12/12		
Lunser Side Effect rating done	Yes	No
Bloods (Refer to PIP for individual monitoring) 6/12 – 12/12	Yes	No
Lifestyle Changes: Sexual Health	Yes	No
Nutrition	Yes	No
Life Style	Yes	No
Illicit Substances	Yes	No
Smoking Cessation	Yes	No
Other (free text)		

Action Plan	Date Referred	Date Care Plan in Place
Sign Post to: GP		
Family Planning		
TADS		
Smoke Free Service		
Dietician		
Health Walks		
Prescription to Exercise		
Other		

On completion this form should be filed in section 7 of the patient's health record

Norfolk and Suffolk NHS Foundation Trust

Physical Health Form. Review as per C01 Admission standards. Originator: Physical Health Lead

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