

Date \_\_\_\_\_  
 Why is patient here today? \_\_\_\_\_

Patient's Age \_\_\_\_\_ Ht. \_\_\_\_\_ Actual/Stated Wt. \_\_\_\_\_ Actual/Stated Addressograph \_\_\_\_\_

ALLERGIES (medication, food, iodine, latex, tape, etc.)	TYPE OF ALLERGIC REACTION

**CURRENT MEDICATIONS:** (include herbals/vitamins, prescribed and/or over-the-counter, taken regularly or as needed)

Name of Drug	Amount/How Often	How Taken	Reason for Taking	Last Time Taken

**PATIENT'S MEDICAL HISTORY:** (circle any past/current patient problems)

Awake / Oriented / <b>Confused</b> / Unresponsive	Reproductive Organs	TB / Positive Skin Test / Date of Last Test _____
Skin / Rash	Circulation / Blood / Bleeding / <b>Stroke</b>	Date of Last Tetanus Shot _____
Eyes, ears, nose, mouth, sinus, throat	Diabetes / Immune System / Thyroid / Cancer	Pneumovax Vaccine Date _____
Hearing / Speech / Vision	Muscles or Bone	Yearly Flu Shot Date _____
Loose / Chipped / Capped / False Teeth	<b>Difficulty Walking / Frequent Falls</b>	Alcohol _____ drinks per day
Lungs / Breathing / Cold / Flu / Cough	Seizures / Weakness	Drug Use _____
Heart / High Blood Pressure	Sleep (too much/too little)	Smoking _____ packs / day # years _____
Stomach / Bowel / Weight Loss / Gain	Implants / Pins / Shrapnel	IV Access: Hickman, Portocath, PICC
Liver / Gall Bladder / Hepatitis	Pain (location _____)	Other IV Access: _____
Bladder / Kidney / Shunt / Dialysis	(describe _____)	

PREVIOUS SURGERIES/PROCEDURES	IF PATIENT IS UNDER 18 YEARS OLD:
	Does patient exhibit age-appropriate behaviors? No Yes
	For children less than 5 years old: birth weight _____ Premature? No Yes
	Immunizations up to date? No Yes Verified by _____

Patient/Family problem with anesthesia? No Yes (nausea, prolonged paralysis, problems waking up, malignant hyperthermia)	<b>SOCIAL/ENVIRONMENTAL</b>
Possibility of patient pregnancy: No Yes N/A	Has patient experienced personal losses or life changes recently? No Yes
Last normal menstrual period: _____	Does patient have any religious/spiritual needs while here? No Yes
	Does the patient have financial concerns regarding this visit? No Yes
	Does the patient have difficulty getting medications and/or supplies? No Yes
	Does patient have a dietary preference? No Yes
	Does the patient have concerns about caring for self or family? No Yes

**Factors that may affect learning:** Language if other than English: \_\_\_\_\_ Previous hospitalization Anxiety  
 Patient learns best by: reading verbal instruction practicing talking watching other \_\_\_\_\_  
 Name of person with patient: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Who will help patient at home? \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Completed by: \_\_\_\_\_ Relationship: \_\_\_\_\_

FOR STAFF USE ONLY: Comments:
Patient Risk for Falls: Low Risk High Risk Interventions in Place: No Yes Mental Status: _____

Signature, Date, Time of Review: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



### KEY POINTS

1. Recurrent patient's PHP may be copied and kept on the unit for subsequent visits.
2. ACTUAL height and weight should be obtained if possible.
3. If there is inadequate space to list current medications and previous surgeries, record the complete list onto the History & Physical form or other hospital approved form.
4. If patient has positive signs and symptoms for TB (persistent cough, anorexia, bloody sputum, night sweats) the patient will be given a mask to wear and offered patient education.
5. Refer to Growth and Development section on Pediatric Patient Health Profile if further information regarding age appropriate behaviors is needed.
6. Any patient requiring nursing care must also have a completed interdisciplinary Patient Teaching Plan/Patient Response Record.
7. Consults should be documented on the Interdisciplinary Consult Tool.
8. Factors that may indicate high risk for falls are: patient's age, previous stroke, difficulty walking, frequent falls and confused. These factors are in **BOLD** print on the form. Other factors indicating an increased risk for falls include: non-compliance with safety instructions, elimination problems, weakness, unsteady gait or orthostatic hypotension.  
Patients at high risk for falls are to be accompanied between departments.