

Highland House

Assisted Living
"Caring is the heart of the matter"

710 N Main St
Highlands, TX 77562
email: hh710nmain@yahoo.com

Administrator (281) 843-2326
Manager (832) 428-8100
Fax (281) 843-3260

MEDICAL HISTORY & PHYSICAL

Please fill-out this form and return it to the office or fax it to 281-843-3260

TODAY'S DATE: _____ / _____ / _____
ADMIT DATE: _____ / _____ / _____

CLIENT NAME: _____
SSN: _____
(FIRST) (INITIAL) (LAST)
AGE DOB

PHYSICIAN'S NAME: _____
ADDRESS: _____ **Phone:** _____
CITY: _____ **STATE** _____ **ZIP** _____

PHYSICIAN'S DIAGNOSIS OF MAJOR MEDICAL COMPLAINTS: _____

Physically and mentally suitable for assisted living facility? Yes [] No []
Surgeries in last 2 years? Yes [] No []
If yes, please state reasons: _____

Known Allergies: _____

MEDICAL HISTORY - CHECK ALL THAT APPLY

- Diabetes Epilepsy Arthritis COPD Hypertension
- CVA Tuberculosis Alzheimers Heart Disease
- Cancer Mental Illness Depression Gerd Kidney Disease

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CLIENT NAME:

_____ (FIRST) _____ (INITIAL) _____ (LAST)

Dietary Requirements

Regular Diet Other Please specify: _____

Height ft _____ in _____ Weight lbs _____ Temperature _____

Blood Pressure _____ / _____ Pulse _____ Respiration _____

Ambulatory Status: Can transfer self Needs Assistance

Has some Dimensia? Yes No Has some Depression? Yes No

MEDICAL PHYSICAL SUMMARY:

Physician's Signature _____ Date: _____