DELAWARE HEALTH & SOCIAL SERVICES
DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES
COMMUNITY SERVICES / ADULT SPECIAL POPULATIONS

Kent County Office	**Sussex County Office**	**New Castle County Office**
Thomas Collins Building 540 S. DuPont Hwy., Suite 8 Dover, DE 19901 Phone: 302-744-1110 FAX: 302-739-5535	26351 Patriots Way, 101 LL Georgetown, DE 19947 Phone: 302-933-3100 FAX: 302-934-6193	Fox Run Plaza, 2nd Floor 2540 Wrangle Hill Road Bear, DE 19701 Phone: 302-836-2100 FAX: 302-836-2649

Physical Examination

Name: ______________________________ MCI #:__________ Sex:__________ D.O.B.: ______________

Exam Date: ____________ Ht.:__________ Wt.:___________ Temp.: __________ BP:_________________

P:____________ R:__________ Allergies:____

Physical Examination:

	Normal	Abnormal	Comments
Scalp/Hair			
Ears/Hearing			
Eyes/Vision			
Nose/Mouth/Pharynx			
Neck/Thyroid			
Skin/Nails			
Chest/Breast			
Heart			
Lungs			
Spine			
Abdomen			
Genitalia (external)			
Prostate			
Pelvic/Pap Smear			
Uppe Extremities			
Lower Extremities			

Colon/rectal Cancer Screening:___________________________________ Guiac Result:___________

Annual Flu Vaccine Recommended: Yes _______ No ________ Date __________________

Annual T.B. Screening: P.P.D_________________ Chest X-ray:_________ Other:______________________

RETURN IN 2 DAYS TO CHECK ARM FOR PPD TEST RESULTS

Results:____

IMMUNIZATIONS

	Current	Needed	Date Received	Current Medical Diagnosis
Tetanus				1.
Influenza				2.
Pneumococcal				3.
MMR				4.
DPT				5.
Polio				6.
Hepatitis B Vaccine				
Varicella (Chicken Pox)				
Other:				

Diet as recommended by nutritionist____

Other ____

LAB Tests / Screenings Ordered

Urinalysis__________________________________
Chem Profile________________________________
Liver Profile________________________________
Hepatitis Screen_____________________________
PAP Smear__________________________________
Chest X-Ray_________________________________
Other:_____________________________________

CBC______________________________
Thyroid___________________________
Lipids____________________________
PSA______________________________
Mammogram_______________________
Bone Density______________________

Restrictions:	Unlimited	Limited	Avoid
Walking			
Standing			
Stooping			
Kneeling			
Lifting			
Pushing			
Pulling			
Humid Conditions			
Dry Conditions			
Dusty Conditions			
Other			

Next recommended physical exam - annual ________ 2 yrs __________ 3 yrs __________

Recommendations/Referrals/Adaptive Equipment:

____
____
____

Medications: [Include dosage and frequency]

____

Was the individual informed of his/her physical status? ______ Yes ______ No

If “no” or “unable,” was the individual’s physical status discussed with his/her surrogate/guardian.

________ Yes ________ No

Does the individual lack the capacity to understand his/her right to confidentiality and the capacity to understand the records maintained by DDDS or their business associate(s)? _____ Yes _______ No

Note to Physician: The aforementioned information about capacity is requested, in accordance with CFR 164.502 (g) and DE Code, Title 16, §2507, in order to determine if DDDS may release records to a designated surrogate.

Signature:_______________________________

Address:___________________________________

Telephone:_________________________________

PARC Reviewed and Approved: 08/14/06
Revised: 02/01/08
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