



CLAREMONT  
Nursing & Rehabilitation Center

1000 Claremont Road . Carlisle . PA 17013-8805 . Main: 717.243.2031 . Fax: 717.240.1934 . www.ccpa.net/cnrc

Medical History: (Physician Only)				
Name:	Birth Date:	Gender: <b>M</b> <b>F</b>		
Past Surgery:				
Past Medical History:				
Past Psychiatric History:				
Current Medications:	1:	2:		
	3:	4:		
	5:	6:		
	7:	8:		
Other Medical Consultants:	1:	2:		
	3:	4:		
	5:			
Most Recent Hospitalization:	Date:	Hospital:		
Social History:	Tobacco:	Alcohol:		
Occupation:				
Family History: (please note health problems)	Mother:	Father:		
Siblings:	Children:			
Review of Systems:				
General:				
CVS:				
Pulmonary:				
GI:				
GU:				
Neuro:				
Level of Care:				
<input type="checkbox"/> Non-ambulatory	<input type="checkbox"/> Disoriented	<input type="checkbox"/> Bed-ridden	<input type="checkbox"/> Depressed	<input type="checkbox"/> Incontinent
<input type="checkbox"/> Chair-ridden	<input type="checkbox"/> Agitated	<input type="checkbox"/> Requires Feeding	<input type="checkbox"/> Combative	<input type="checkbox"/> Memory Loss
Allergies:				
Vaccinations:	DT:	Influenza:		
Pneumococcal:	PPD: Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative Date:			



CLAREMONT  
Nursing & Rehabilitation Center

**PHYSICAL EXAMINATION:**  
**PHYSICIAN ONLY**



1000 Claremont Road . Carlisle . PA 17013-8805 . Main: 717.243.2031 . Admissions: 717.240.1943 . Fax: 717.240.1934 . www.ccpa.net/cnrc

**Physical Examination: (Physician Only)**

Name:	Birth Date:
-------	-------------

Height:	Weight:	Blood Pressure:
---------	---------	-----------------

General Habitus:
Eyes:
Ears:
Nose:
Throat:
Neck:
Skin:
Heart:
Lungs:
Abdomen:
GU (rectal& pelvic):
Breasts:
Mental Status & Neuro:

Problem List:

General Comments:

Living Will and/or Advanced Directive signed?  Yes  No

\_\_\_\_\_  
Signature Date