

PHYSICAL EXAMINATION

PHONE: 906-524-8011  
PHONE: 906-524-4411  
FAX: 906-524-4415

NEW DAY TREATMENT CENTER  
16025 BREWERY RD  
LANSE, MI 49946

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ B/P: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_

GENERAL APPEARANCE: \_\_\_\_\_

SKIN (SCABIES): \_\_\_\_\_

HAIR/SCALP (LICE): \_\_\_\_\_

EYES: LEFT: \_\_\_\_\_ RIGHT: \_\_\_\_\_

EARS: \_\_\_\_\_ NOSE: \_\_\_\_\_

MOUTH/TEETH: \_\_\_\_\_ THROAT \_\_\_\_\_

NECK: \_\_\_\_\_ BREASTS: \_\_\_\_\_

CHEST: \_\_\_\_\_ HEART: \_\_\_\_\_

LUNGS: \_\_\_\_\_ ABDOMEN: \_\_\_\_\_

HERNIA: \_\_\_\_\_ EXTREMITIES: \_\_\_\_\_

SPINE: \_\_\_\_\_ GENITALIA: \_\_\_\_\_

PELVIC: \_\_\_\_\_ PREGNANCY: \_\_\_\_\_

LAST MENSTRUAL PERIOD: \_\_\_\_\_ COMMUNICABLE DISEASES: \_\_\_\_\_

TB SKIN TEST (DATE): \_\_\_\_\_ NEGATIVE \_\_\_\_\_ POSTIVE \_\_\_\_\_

POSITIVE REACTOR: YES OR NO \_\_\_\_\_ CURRENT CHEST X-RAY REPORT: \_\_\_\_\_

HEPATITIS PROFILE: YES OR NO \_\_\_\_\_ LAB WORK: YES OR NO \_\_\_\_\_

IMPRESSION: \_\_\_\_\_

TREATMENT: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

SIGNIFICANT FINDINGS/COMMENTS: \_\_\_\_\_

REFERRALS: \_\_\_\_\_

RECOMMENDED FOR IMPATIENT SUBSTANCE ABUSE TREATMENT: YES OR NO \_\_\_\_\_

PHYSICIANS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_