

**ADULT DAY HEALTH BY HALE MAKUA  
HISTORY AND PHYSICAL EXAMINATION**

Name: \_\_\_\_\_ Physician: \_\_\_\_\_

Age: \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_ SMWD \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Secondary Diagnosis: \_\_\_\_\_

Pertinent Past History: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PHYSICAL EXAMINATION**

Eyes		Blood Pressure	
Ears		Temperature	
Teeth		Height	
Throat		Weight	
Neck		Date of Last Chest X-ray	
Lungs		Or TB skin test	
Heart		Results	
Skin		Urinalysis	
Back		Hct	
Abdomen		Hgb	
Extremities		Blood Sugar	
Neurological		Other Labs	
Other			

Mental State: Alert ( ) Average ( ) Dull ( )

Rehabilitation Potential: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_