HOLTON HOME

158 Western Ave.
Brattleboro, VT 05301
802-254-4155, fax 802-254-1349

MEDICAL FORM

Name _____

Diagnoses _____

Current medications and dosages _____

Allergies _____

Chronic Conditions (check all that apply)

Heart Disease	___	Bronchitis	___	Arthritis	___
Angina	___	Tuberculosis	___	Cancer	___
CHF	___	Diabetes	___	Seizure Disorder	___
Hyper/Hypotension	___	Thyroid Disease	___	GERD	___
Stroke	___	Kidney Disease	___	Alcohol/Drug Abuse	___
COPD	___	UTI	___	Mental Illness	___
Asthma	___	Macular Degeneration	___	Depression	___

Disabilities and Impairments (check all that apply)

Speech ____ Sight ____ Hearing ____ Cognition ____
Paralysis ____ Incontinence ____ Contracture ____

Physical Exam: P _____ BP _____ R _____ Weight _____

General Impressions _____

Skin _____ Head/Neck _____

Respiratory _____ Cardio-Vascular _____

Abdominal _____ Genito-Urinary _____

Skeletal-Joints _____ Glandular _____

Neuromuscular _____ PPD results _____ Date given _____

Has applicant suffered any serious illness or been hospitalized in the past 5 years? _____

_____

MD Signature _____ **Date** _____ **Phone** _____

Office Address _____ **Fax** _____
Street City State ZIP code