



Steve McBride  
Division Director

# WASHOE COUNTY

## HUMAN SERVICES AGENCY

### SENIOR SERVICES DIVISION

1155 E. 9<sup>th</sup> Street  
RENO, NEVADA 89512  
PHONE: (775) 328-2591  
FAX: (775) 328-6135

#### MEDICAL HISTORY & PHYSICAL EXAMINATION

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

#### Medical History:

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

Medications: \_\_\_\_\_

#### Physical Exam:

Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_ Resp: \_\_\_\_\_

BP Parameters for Notification of M.D.: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Skin: \_\_\_\_\_

H-ENT: \_\_\_\_\_

Cardiac: \_\_\_\_\_

Respiratory: \_\_\_\_\_

Abdomen: \_\_\_\_\_

Genitourinary: \_\_\_\_\_

Musculoskeletal: \_\_\_\_\_

Mental Acuity: \_\_\_\_\_ Mini Mental Exam score: \_\_\_\_\_

Wandering or other behavior necessitating secure environment: **Yes/ No**

COVID-19 History and Vaccination status: \_\_\_\_\_

COVID-19 risk in group setting and/or to utilize public transportation for attendance assessed: **Yes/ No**

\*Please be advised client may participate on an alternate schedule due to pandemic modifications.

\_\_\_\_\_ Recommended for Adult Day Services

\_\_\_\_\_ Not Recommended for Adult Day Services

M.D. Signature: \_\_\_\_\_ Date: \_\_\_\_\_



INTEGRITY



EFFECTIVE  
COMMUNICATION



QUALITY  
PUBLIC SERVICE

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