



Steve McBride
Director

WASHOE COUNTY HUMAN SERVICES AGENCY SENIOR SERVICES DIVISION

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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: _____

_____ Recommended for Adult Day Services

_____ Not Recommended for Adult Day Services

M.D. Signature: _____ Date: _____

