

Admission Medical History and Physical Form

TO: PHYSICIAN COMPLETING THIS MEDICAL INFORMATION

You are being presented papers for completion in reference to application for admission to The Virginia Home by a patient of yours. As you probably know, *The Virginia Home* is a long-term care nursing facility specializing in the needs of the physically disabled. Applicants are accepted for admission with the belief that they are able to benefit from our unique service and are able to participate in, and profit from, community living. It is felt unwise to accept those who do not meet these criteria. I hope in completing the form you will take into account these limitations. Although our staff will make personal contact with each person prior to actual admission, in order for us to do our most effective work with these people, we need certain specific information from the attending or referring physician.

- *A statement of history and a brief resume of physical defects which will be used in determining eligibility for admission to The Virginia Home's waiting list.*
- *A statement of the applicant's need for nursing home care.*
- *Due to the fact there is a three to five year waiting period for admission to The Virginia Home laboratory work, tuberculosis testing, etc. will not be done until notification of admission.*

Since our waiting list is quite long, and situations do change during the intervening time between application and final admission, it may be necessary to request updates or additional information about the applicant. By the same token, we have minimized the information required to conserve your time and effort. Upon actual admission to The Virginia Home, the resident will have a complete history and physical examination performed by a staff physician, who will then have the prerogative to order those tests which he feels are necessary for further evaluation or care of the applicant.

Thankfully, our residents are with us for a long time. Each is not only affected and influenced by The Home and staff but in turn influences our staff and the other occupants of The Home very directly. It is for these reasons that we investigate so thoroughly prior to acceptance.

Best Wishes,
The Admission Committee

THE VIRGINIA HOME
1101 Hampton Street
Richmond, Virginia 23220
Phone: 804-359-4093 FAX: 804-660-7637

This Form Must Be Completed by the Referring Physician

Patient's Name : _____
Last Middle First Suffix

Address: _____
Street City State Zip

Phone Number: (____) _____ (____) _____ (____) _____
Home Work Cell

Today's Date: _____

Date of Birth: _____ Sex: Male Female Occupation: _____

Referring Physician: _____
Last Middle First Suffix

Address: _____
Street City State Zip

How long have you been attending to the patient: _____

HISTORY and PHYSICAL EXAM

History

(Please write in narrative from the beginning of patient's disabling illness to present)

1. Chief Complaint: _____
2. History of Present Illness: _____

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3. Brief Description of patient's personality, behavior, mentality, ability to communicate and emotional stability:

4. Systematic Review:

- a. Skin: _____
- b. Head: _____
- c. Eyes: _____
- d. Ears: _____
- e. Nose: _____
- f. Throat: _____
- g. Teeth: _____
- h. Neck: _____
- i. Breasts: _____
- j. Last Chest X-Ray: _____
- k. Respiratory: _____
- l. Cardiovascular: _____
- m. Gastrointestinal: _____
- n. Genitourinary: _____
- o. Gynecological: _____
- p. Musculoskeletal: _____
- q. Neurological: _____
- r. Psychiatric – please indicate past treatment: _____
- s. Allergy or Drug Reactions: _____

5. Past Medical History:

- a. Illnesses: _____
 - b. Operations: _____
 - c. Injuries: _____
 - d. Please indicate dates, duration, etc. _____
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6. Family History (If dead, age and cause of death)

- Father: _____
- Mother: _____
- Brothers: _____
- Sisters: _____

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Familial Diseases: Cancer, Tuberculosis, etc. _____

Mental Illnesses: Yes No Mental Hospitalization: Yes No

7. Social History:

Place of Birth: _____
 Extent of Education: _____
 Age at Marriage: _____
 Use of Tobacco: _____
 Use of Alcohol: _____
 Type of Occupation: _____
 Hobbies or Interest: _____
 Dependencies: None ETOH Rx Drug Illicit Drug Other: _____

8. Medications: Allergies to medications:

- Yes (Please list allergies): _____
- No

Please List present Medications and Dosage: _____

Physical Examination

Vital Signs: Blood Pressure: _____/_____
 systolic diastolic Heart Rate: _____/beats per minute

Height: _____ Weight: _____
 Feet Inches pounds

General Appearance: Good Fair Poor

Mentality: Alert Dull Insane Mobility: Ambulatory Bed Chair

Bowel & Bladder: Continent Incontinent Dentures: Yes No

Vision: Optician Name and Rx: _____
 Right Eye - 20/____ Left Eye - 20/____ With Glasses: Right Eye-20/____ Left Eye - 20/____

Ears: Right _____ Left _____ Hearing Aid: Yes No

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Nose _____ Throat _____ Teeth _____ Thyroid _____

Lungs _____ Breasts _____

Heart Size _____ Murmurs _____ Rhythm _____

Abdomen: Organs Felt Enlarged _____ Tenderness _____

Spasm _____ Hernia _____ Genitalia _____ Pelvic _____

Rectal _____ Arms & Hands _____ Legs & Feet _____

Varicose Veins _____ Spine _____ Reflexes _____

In your professional opinion, will the patient adjust to Institutional living? Yes No
 In your professional opinion, does the patient need long-term nursing home care? Yes No

Laboratory Work & X-Ray of Chest:

Due to the fact that there is a three to five year waiting period for admission to The Virginia Home, laboratory work, tuberculosis testing, chest x-ray etc. will *not* be completed until notification of admission.

Physician's Signature

Physician's Name Printed

Please Return Completed History & Physical To:

**Director of Admissions
THE VIRGINIA HOME
1101 Hampton Street
Richmond, Virginia 23220**
