Department of Veterans Affairs
Michael J. Fitzmaurice South Dakota Veterans Home
2500 Minnekahta Avenue
Hot Springs, SD 57747
Phone 605.745.5127
Fax 605.745.5547

PRE--ADMISSION HISTORY AND PHYSICAL

Physician; please attach a copy of all labs and tests performed during the last 6 months, including the last mammogram, last Pap smear, and the last EKG. Please include a copy of all past immunizations.

Name _____ **Date** _____ **Date of Birth**_____

Allergies to Medications: _____

Permanent Problems	Date of Onset	Surgeries	Date

Medication	Reason	Dose	Frequency

Personal History of	Family History of	Hospitalizations/Procedures
Tobacco	CAD	
Alcohol	DM	
Transfusion	HTN	
Travel	CA	

Healthcare Screening									
Colon Eval.					Osteoporosis				
Mammogram					Tetanus				
PAP					Tdap				
Pneumovax					Prostate - DRE				
Cholesterol					Prostate - PSA				

Pre-Admission Physical

Michael J. Fitzmaurice
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Name _____

T_____ P_____ R_____ Height_____ Weight _____

ROS		Physical	
HEENT		HEENT	
Pulmonary		Pulmonary	
Cardiovascular		Cardiovascular	
GI		GI	
GU		GU	
Musculoskeletal		Musculoskeletal	
Psychological			
		Psychological	
Dermatological			
		Dermatological	
Other			
		Other	

Assessment

Plan

Physician's Signature _____ Date_____

Printed Name _____
Address _____
Street Address City State Zip Code

Phone Number _____ Fax number _____