IHS-865 (12/00)

PCC
COMPREHENSIVE ELDER EXAM

Date ______

Arrival Time ______ AM PM

Clinic ______

Appt. ______ Walk-in ______

PROBLEM LIST UPDATE
(Enter Problem Numbers From Health Summary)

Remove	Move to Inactive	Move to Active

	AFFIL.	DIS.	INITIALS / CODE
PROVIDERS			
PRIMARY PROVIDER			

Functional Status

	Independent	Needs Help	Totally Dependent
ADL			
Toileting	☐	☐	☐
Bathing	☐	☐	☐
Dressing	☐	☐	☐
Transfers	☐	☐	☐
Feeding	☐	☐	☐
Continence	☐	☐	☐
IADL			
Finances	☐	☐	☐
Cooking	☐	☐	☐
Shopping	☐	☐	☐
Housework/Chores	☐	☐	☐
Medications	☐	☐	☐
Transportation	☐	☐	☐

Change in Data Entry Software

Same ☐ Improvement ☐ Decline ☐

Tobacco: ☐ NO ☐ YES

Alcohol: ☐ NO ☐ YES

Excercise: ☐ NO ☐ YES

Work:

Is the patient a Caregiver: ☐ NO ☐ YES

Key Family and Support:

Community Services:

Home Equipment:

Assistive Devices:

Review of Systems

Problems with:	NO	YES
Hearing	☐	☐
Vision	☐	☐
Dentition	☐	☐
Nutrition	☐	☐
Sleep	☐	☐
Continence	☐	☐
Prostatism	☐	☐
Digestion	☐	☐
Mobility	☐	☐
Falls	☐	☐
Pain	☐	☐
Affect	☐	☐
Cognition	☐	☐
Substance Abuse	☐	☐
Abuse/Neglect	☐	☐
Skin	☐	☐
Sexual Function/Gyn	☐	☐

PMH/Surgeries/Hospitalizations

Allergies:

Temp

Pulse RR

BP

Wt.

Wt. 1 yr ago

Ht.

Vision corrected R L

Uncorrected R L

Eye Exam Date:

Audiology Date:

Dental Date:

Nutrition Screen Date:

Foot Eval Date:

Mammogram Date:

Pap Date: Date: Date:

Colorectal Screen Date:

Td:

Pneumovax:

Revaccination:

Influenza:

PPD Status: Treated:

Advance Directive Reviewed:

CBC

SMAC

UA

TSH

B12

Lipid Profile

Chief Complaint/Review of System/Physical Exam

Exam	NL	ABN
HEENT	☐	☐
Neck	☐	☐
Lungs	☐	☐
Heart	☐	☐
Abdomen	☐	☐
Extremities	☐	☐
Feet	☐	☐
Pulses	☐	☐
Genitalia	☐	☐
Skin	☐	☐
Nodes	☐	☐
Neuro	☐	☐
Breast	☐	☐
Pelvic	☐	☐
Rectal	☐	☐
Mobility	☐	☐
Cognition	☐	☐

Other Test/Procedures Ordered

A-A1-C	#	Purpose of Visit, Problem List Update

List all Medications

Est. Creatinine Clearance:

Medications/Patient Education

HR #

SSN #

NAME

B DATE

SEX

TRIBE

RESIDENCE

FACILITY

DATE

REVISIT/ REFERRAL TO: DATE TIME

PURPOSE:

INSTRUCTIONS TO PATIENT: ☐ SIGN RELEASE RECORDS

PROV. SIGNATURE