

# Medical History Summary Worksheet

Name:

Address

Provider Agency:

Phone:

D.O.B.:

Social Security #:

Primary Physician - name, address, phone

Dentist - name, address, phone

Guardian/Emergency Contact– name, address, phone

## Overview

Age:

Comments: e.g. well developed, pleasant

Race:

Sex:

When ind. came to agency:

Current residence: e.g. lives with one other gentleman

Describe residence: clean, neat

Amount of supervision:

Status with ADL's: e.g. independent but needs reminders about personal grooming

Social: e.g. very social, quiet, withdrawn

Communication: expressive & receptive

e.g. non-verbal but communicates well by ...

- can communicate verbally
- can communicate his needs
- communication skills are limited
- good communication skills

Vision:

Hearing:

Activity Level:

Gross & Fine Motor Skills:

Adaptive Equipment:

Job/Workshop (include means of transportation there and specifics about job):

Sleeping Habits:

Diagnoses (include level of **intellectual disability**, chronic medical conditions):

Medication Administration (does the individual administer their own medications)

## Developmental Information

Length of gestation (weeks/months):

Birth Weight:

Mother's health during pregnancy:

Labor length:

Instruments used during delivery:

Early Development: walking  
speaking  
toilet training

e.g. walked without support at 36 months

When delays noted:

Etiology of disability:

Childhood illnesses:

## Family Social Information

Date born:

Place born (hospital, city):

Status in family: e.g. Patty is one of four children

Patty is the second child of 7 children

Parents names:

Siblings and ages, MR status:

Family info: e.g. occupations if known, mother died in \_\_\_\_\_ of \_\_\_\_\_, parental and sibling health issues

Raised by:

Comments by individual about family life:

How long lived at home:

When institutionalized:

## Past Medical History

Where information was obtained: e.g. taken from Pennhurst Discharge Summary and CLA documentation from 1990 to present.

### *Eyes:*

List diagnosis and date diagnosed if available (e.g. compound myopia O.U.):

Glasses (e.g. new prescription in 1/97, individual wears glasses at all times)

Dates of visits and evaluation results (if relevant, e.g. ® cataract diagnosed in 5/97 with no treatment needed at present time or ophthalmologic exam on 4/97 with no abnormalities noted)

### *Ears, Nose and Throat:*

List any conditions (e.g. bilateral sensorineural hearing loss, tonsillitis, laryngitis, sinusitis):

Comment on status (e.g. hearing screened by primary care physician at annual physical exam with no abnormalities noted):

Dates of visits and evaluation results (e.g. 1/97 - audiology screen with no abnormalities noted):

### ***Respiratory System:***

Comment on status and list any conditions (e.g. emphysema, chronic obstructive pulmonary disease, asthma, history of pneumonia)

Any chest x-rays with results:

Specific infections or problems (e.g. recurrent upper respiratory infections):

List any therapies used (e.g. oxygen, bronchodilators)

### ***Cardiovascular System:***

Comment on status and list any conditions (e.g. cardiac conditions, hypertension, history of murmurs)

Any EKG results:

### ***Digestive System:***

List current height and weight, give weight history if obesity is a chronic condition:

List if currently on prescribed diet:

List any conditions (e.g. gastro-esophageal reflux disease (GERD), hyperlipidemia, hemorrhoids, liver disorders):

Elimination problems:

Liver function studies:

### ***Genito-urinary System:***

Comment on status and list any conditions (e.g. recurrent urinary tract infections, urinary incontinence, prostatitis):

Females: Mammogram, PAP, gyn visits and results:

Males: Prostate examination (over 40 years of age):

Lab results (e.g. urinalysis, BUN, creatinine):

### ***Nervous System:***

List any conditions (e.g. stroke, Alzheimer's disease, multiple sclerosis, Parkinson's disease, trauma):

List intellectual disability, level of **disability**, etiology:

History of seizures, current activity, type of seizure:

EEG results:

### ***Musculoskeletal System:***

Comment on status and list any conditions (e.g. arthritis, bursitis, trauma (sprains, dislocations, fractures), curvature of spinal column):

History of fractures/sprains and treatment:

### ***Endocrine System:***

Comment on status and list any conditions (e.g. disorders of adrenal gland, thyroid gland, pituitary gland, pancreas, diabetes):

Lab results (e.g. thyroid function studies, blood glucose level)

### ***Lymphatic System:***

Comment on status and list any conditions:

Edema:

Lymph nodes:

### ***Integumentary System (skin, nails, hair):***

Comment on any conditions of skin, nails, hair (e.g. cellulitis, dermatitis, pigmentations, tinea, diseases of the nails) and treatments:

## **Psychiatric/Behavioral**

Past psychiatric diagnosis:

Synopsis of medication usage, including positive or negative reactions:

Behaviors that interfere with health or safety:

Past therapeutic interventions and results:

Current diagnosis and therapies:

Date of last psychological evaluation:

## **Dental**

Comment on overall status (e.g. good dental hygiene with multiple missing teeth):

Comment if individual has dentures and if not, why (e.g. dentures were obtained in 1/97 but individual refuses to wear them):

## **Immunizations**

Hepatitis Status (list date and results of screening; if immunized, give dates):

TB Status (list date and results of last screen using Mantoux method):

Tetanus/Diphtheria Status (list date of booster):

***If individual has received Pneumovax (pneumonia vaccine) it can be listed here as well.***

## Allergies/Sensitivities

List agent and reaction (include food as well as drug allergies/sensitivities, sun sensitivity):

## Current Health Status

List all diagnoses:

## Current Medications

List current meds, dosage, frequency, route and reason (e.g. Dilantin 100 mg. three times a day at 7 AM, 1 PM and 7 PM orally - seizures):

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*Medical History Summary submitted by:*

\_\_\_\_\_  
Name/Title:

\_\_\_\_\_  
Date