

OKLAHOMA DEPARTMENT OF CORRECTION
Infirmary/Convalescent H & P Admission Assessment

Facility: _____

Subjective: _____ Allergies: _____

Complaints: _____

Problems: _____

Medications: _____

History of Present Illness: _____

Objective:

B/P _____ P: _____ R: _____ T: _____ FSBS: _____ O2 Sats: _____ Wt: _____ Gain/Lost = _____ lbs.

Physical Findings:

Gen: _____

Skin: WNL Abnormal (Describe) _____

Lymphatic: WNL Abnormal (Describe) _____

HEENT: WNL Abnormal (Describe) _____

Breast: WNL Abnormal (Describe) _____

Pulmonary: WNL Abnormal (Describe) _____

Cardiac: WNL Abnormal (Describe) _____

Extremities: WNL Abnormal (Describe) _____

Gastrointestinal: WNL Abnormal (Describe) _____

Genitourinary: WNL Abnormal (Describe) _____

Musculoskeletal: WNL Abnormal (Describe) _____

GYN: WNL Abnormal (Describe) _____

Neurological: WNL Abnormal (Describe) _____

Cognitive: WNL Abnormal (Describe) _____

Assessment: _____

Prognosis: _____

Plan: (See "Medical Provider's Orders" for laboratory, medication(s), treatment orders, Diet, Activity, VS and follow-up plan)

DNR/Living Will: Yes No Comment: _____

Medical Parole submitted: Yes No Comment: _____

Medical Provider: _____ **Date:** _____

Inmate Name
(First, Last)

ODOC #