

PHYSICAL EXAMINATION

NAME: _____ S.S.# _____ / _____ / _____ D.O.B. _____ / _____ / _____

ADDRESS: _____

REFERRED FROM: NA'NIZHOOSHI CENTER (Facility) TO: Teaching of Navajo Traditions (TNT) (Program)

MEDICAL HISTORY

Date of last alcohol use: _____

Allergies: _____

Other Drugs & Date of last use: _____

Current medications and Dose: _____

CHECK BOX IF THERE IS PRESENT OR PAST HISTORY OF THE FOLLOWING:

- Liver Disease
- Pancreatitis
- Gastritis
- Pneumonia
- Diabetes
- High Blood Pressure
- Heart Problems
- Kidney Problems
- Tuberculosis
- Seizures
- Head Injury
- Others

PPD	
Date Given	

Results:	POS.
	NEG.

LAB	Pending
U/A	_____
HCT	_____
RPR	_____

Females Only LMP _____ / _____ / _____ Last PAP _____ / _____ / _____

PHYSICAL EXAM BP _____ PULSE _____

- 1. General
- 2. Skin
- 3. HEENT
- 4. Neck
- 5. Lymph Nodes
- 6. Lungs
- 7. Breasts
- 8. Heart
- 9. Abdomen
- 10. Genitalia
- 11. Extremities
- 12. Neuro
- 13. Mental Status

COMMENTS
DIAGNOSIS

THE PATIENT IS:

- | | |
|--------------------------|---|
| NO | YES |
| <input type="checkbox"/> | <input type="checkbox"/> Fit for Sweat Lodge? |
| <input type="checkbox"/> | <input type="checkbox"/> Fit for Rehabilitation Program? |
| <input type="checkbox"/> | <input type="checkbox"/> Free of communicable disease, (including venereal disease)? |
| <input type="checkbox"/> | <input type="checkbox"/> Fit for exercise, etc. (Note restriction) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> Fit to take Antabuse, (Physically and emotionally)? |
| <input type="checkbox"/> | <input type="checkbox"/> Able to take the following non-prescription medication: Pepto Bismol, Mylanta, Keopectate, Milk of Magnesia, Tylenol: (if NO, underline any drugs that cannot be taken). |

OTHER RECOMMENDATIONS: _____

