

MEDICAL EVALUATION FIELD MANUAL

Prepared for the
California Department of Mental Health
And
Local Mental Health Programs
Pursuant to Chapter 376, Statutes of 1988
Assembly Bill 1877

by

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Ultimate responsibility for the content of this Field Manual rests with the author, who hopes that it will contribute to better patient care.

INTRODUCTION AND RATIONALE

This Field Manual shows California mental health program administrators and staff how to screen their patients for active, important physical diseases. The Manual explains how, where and when to screen, how to initiate and staff a screening program, and how to maximize its cost-effectiveness. The Manual also includes a list of clinical findings that characterize patients whose mental symptoms are quite likely to be caused by an unrecognized physical disease.

For several reasons, mental health professionals working within a mental health system have a professional and a legal obligation to recognize the presence of physical disease in their patients. First, physical diseases may cause a patient's mental disorder. Second, physical disease may worsen a mental disorder, either by affecting brain function or by giving rise to a psychopathologic reaction. Third, mentally ill patients are often unable or unwilling to seek medical care and may harbor a great deal of undiscovered physical disease. Finally, a patient's visit to a mental health program creates an opportunity to screen for physical disease in a symptomatic population. The yield of disease from such screening is usually higher than the yield in an asymptomatic population.

This Manual was developed from the methods and results of the California Medical Evaluation Study carried out in 1983 and 1984. The study was authorized by Senate Bill 929 (Chapter 208,

Statutes of 1982). The methods and results of the SB 929 study have been reported in detail to the California Legislature^{30,31*} and in several scientific publications^{29,32,48} that are included in Appendix B of this Field Manual.

The SB 929 study team performed complete medical evaluations of 476 patients drawn from 24 county mental health programs spread across four Northern California counties and of 53 patients at Napa State Hospital. The most important findings of that study are:^{31,32}

1. Nearly two out of five patients (39%) had an active, important physical disease.

2. The mental health system had failed to detect these diseases in nearly half (47.5%) of the affected patients.

3. Of all the patients examined, one in six had a physical disease that was related to his or her mental disorder, either causing or exacerbating that disorder.

4. The mental health system had failed to detect one in six physical diseases that were causing a patient's mental disorder. (Five of 32 cases of physical disease causing a mental disorder had not been detected.)

5. The mental health system had failed to detect more than half of the physical diseases that were exacerbating a patient's mental disorder. (Twenty-seven of 49 cases of physical disease exacerbating a mental disorder had not been detected.)

6. Screening the SB 929 patients cared for in county mental health programs caused neither a net increase nor a net decrease

*Superscript numbers refer to references listed on pages 50-53.

in the state's combined medical and mental health costs for these patients in the year after screening compared to the year before screening.

These results are consistent with those of studies in other mental health settings (Appendix B, Table 1). These studies have reported that from 15% to 93% of mentally ill patients had a concomitant, active, important physical disease. From 4% to 80% of patients had a physical disease that was detected initially through screening carried out by the mental health program. From 4% to 32% of patients had a physical disease that was either causing or exacerbating their mental disorder.

These findings underscore the need to improve screening for physical disease among patients in California's public mental health system. The screening methods now in use, ranging from very limited to moderately complete medical histories and physical examinations, often do not detect important physical disease and are not very cost-effective.

To facilitate improved screening, the SB 929 study team developed a screening algorithm that uses a limited set of items from a patient's medical history, a blood pressure measurement, and selected laboratory tests to detect physical disease. (An algorithm is a set of step-by-step instructions for solving a problem.) The algorithm detected more physical diseases than the mental health programs had detected among the SB 929 patient sample, did so at a lower cost per diagnosed case, and can be performed by mental health personnel after very limited training.

A detailed description of the development and results of the algorithm, including measures of its cost-effectiveness, is included in Appendix B.⁴⁸ The body of this Field Manual describes the content of the algorithm, how to set up a screening program, and the procedures for deciding which of the algorithm's six steps to implement.

For mental health programs that wish to screen for physical disease by means of complete medical evaluations, the Appendix to this Manual includes a recommended Standard Medical History Form to be completed by patients and a recommended Standard Physical Examination Record Form for recording the results of physical examinations performed by clinical staff. Other medical history and physical examination forms are included as additional sources for mental health program staff who wish to design their own forms.

WHERE TO SCREEN: RECOMMENDED SETTINGS FOR SCREENING

Inpatient Settings and Hospital Emergency Rooms

As a matter of law, regulation or policy, screening for physical disease within California's public mental health system already takes place in local hospitals, psychiatric health facilities, state hospitals, skilled nursing facilities and some crisis programs (e.g., in hospital emergency rooms).

Unfortunately, the medical evaluations may not be careful or thorough, as indicated by the large number of patients with previously unrecognized physical disease that the SB 929 Study discovered in these settings.

To improve the quality of evaluation in these settings:

1. Require that the clinical staff use the SB 929 Standard Medical History Form (Appendix A) and a standardized, detailed Physical Examination Record (Appendix A). If the program's physicians do not wish to use standardized forms, evaluate the content and the consistency of their screening procedures through peer review and quality assurance procedures.

2. Teach the clinical staff to obtain a complete medical history from mentally disordered patients and to perform a complete and accurate physical examination.

3. Audit periodically the Standard Medical History Forms and Physical Examination Records to evaluate the percentage of patients with completed Forms and the percentage of questions answered on completed forms. Audit the frequency with which

staff follow up the medical problems identified by screening. The facility's administrative and clinical program chiefs should review the audit reports.

Outpatient Mental Health Programs

Outpatients in mental health settings are seldom evaluated medically. The aim of screening outpatients is to detect physical diseases that can:

- quickly become life threatening
- masquerade as mental disorders
- exacerbate mental disorders
- interact adversely with psychotropic medications
- pose significant long-term health consequences, especially if the disease is spread by person-to-person contact (e.g., viral hepatitis).
- expose the mental health program to liability for negligence and malfeasance due to failure to diagnose.

Routine screening for physical disease in these programs should be initiated using the SB 929 medical screening algorithm, described subsequently. Using the SB 929 screening algorithm is much less costly than complete medical evaluations, and can detect up to 90% of the physical disease detected by complete evaluations.⁴⁸

Outpatient programs should consider the pros and cons of performing routine screening for physical disease at the first versus the second or third outpatient visit. At many sites, up

to half of outpatients do not return for a second visit and do not, therefore, establish an ongoing therapeutic relationship. Successfully referring such patients for follow-up of suspected physical illness would entail insuperable logistic difficulties. Since detecting physical disease in outpatients is seldom an emergency, and since disease is easy to detect when it is serious enough to constitute an emergency, routine screening of outpatients might well be delayed until the second or third visit. The choice between screening at the second or the third visit should be guided by the proportion of second visit patients who make third visits. If the proportion is high, screening can be carried out at the second visit. If it is low, screening should be delayed to the third visit so that referrals for complete medical evaluation, when indicated, can be accomplished.

Day Treatment and Community Care Settings

Patients entering day treatment and community care programs may have had a recent medical evaluation in an inpatient setting. Day treatment and community care programs should make arrangements with inpatient programs to receive a copy of this medical evaluation when the patient is transferred for continuing care. Patients who have not had a recent medical evaluation, (i.e., within the past two months), should be screened by means of the SB 929 screening algorithm or a complete medical history and physical examination.

Re-screening Readmitted Patients

Existing regulations and policies govern the medical evaluation of patients readmitted after a brief interval to local hospitals, psychiatric health facilities, state hospitals, skilled nursing facilities and some crisis programs (e.g., hospital emergency rooms). Again, reevaluations should be careful and thorough, since exposure to infectious, toxic, traumatic or other disease-producing agents or processes can have taken place.

In outpatient, day treatment and community care settings, the extent of screening should depend on the interval since a previous screening evaluation. Obtain the SB 929 screening algorithm's medical history items and blood pressure determination if more than two months have elapsed since the patient's last visit. If less than two months have elapsed, the patient's therapist should inquire about the patient's physical health status and source of medical care, as indicated on the Essential Medical Information Form. If six months have elapsed, obtain the SB 929 screening algorithm's laboratory panel as well.

HOW TO SCREEN: WHEN A COMPLETE EXAMINATION IS USED

Screening for important physical diseases may take the form of a complete medical evaluation or of the SB 929 screening algorithm. The choice between these options may depend on the kind of mental health program, e.g., inpatient versus outpatient, and on factors unique to individual facilities.

When the Screening Procedure is a Complete Medical Evaluation:

The patient should complete the Standard Medical History Form (Appendix A). Provide the patient with assistance if his or her condition interferes with understanding or attention span. Perform a complete physical examination, including a detailed neurological examination and genital and rectal examinations unless contraindicated by the patient's psychiatric condition.²² Record the results of the physical examination on a Standard Physical Examination Record (Appendix A). Obtain a battery of laboratory tests. Programs that employ medical or nursing staff or a physician's assistant can arrange blood drawing on site. Other programs should contract with a local hospital or laboratory for phlebotomy services. The physician carrying out the screening or the consulting internist, when a nurse practitioner or a physician's assistant does the screening examination, should decide which laboratory tests to include.

Mental health programs that employ a nurse practitioner or physician's assistant to perform physical examinations should measure the reliability and validity of their examinations by

requiring the program's internal medicine consultant or another physician to observe approximately ten patient examinations and corroborate the findings.

The SB 929 Study utilized an extensive battery of laboratory tests in order to minimize the possibility of missing instances of important physical disease. The tests included:

- a complete blood count
- a 23-item chemistry panel (including determinations for glucose, albumin, serum urea nitrogen, creatinine, calcium, phosphate, alkaline phosphatase, aspartate aminotransferase, alanine aminotransferase, gamma-glutamyltransferase, bilirubin, iron, and electrolytes)
- a serum fluorescent treponemal antibody test
- thyroid tests (a triiodothyronine resin uptake, total serum thyroxine, and a free-thyroxine index),
- serum folate and vitamin B₁₂ levels
- a dipstick urinalysis.

The mental health program could select a somewhat less extensive, but still reasonable, screening battery with the advice of a specialist in internal medicine. For example, the thyroid screening test could be limited to the sensitive thyroid stimulating hormone assay or to a measurement of serum free thyroxin.

If the laboratory test panel includes a complete blood count, chemistry panel, thyroid panel, and urinalysis (without

microscopic exam), it will lead to new, previously unsuspected diagnoses or to changes in psychiatric treatment in from 1% of patients^{13,28,51,52} to as many as 6.4%,⁸ 8%,⁴⁹ 12%,¹⁷ or 28%² of patients.

The benefits of laboratory testing in the context of a screening program include:⁵¹

- increasing physician confidence when mental illness impairs the patient's cooperation in providing a reliable history and physical examination.
- detecting physical diseases that were not suspected on the basis of the history and physical examination.
- assisting in differential diagnosis.
- providing reassurance to patients.

A skilled physician should evaluate abnormal test results in the context of other information about the patient. False positive screening tests are common in people with few or no symptoms of physical disease, and the decision to carry out or not carry out further evaluation often requires sophisticated clinical judgment.

HOW TO SCREEN: WHEN THE SB 929 ALGORITHM IS USED

The SB 929 screening algorithm has several appealing characteristics:

1. it is limited to those findings that best predicted the presence of physical disease in a sample of patients cared for within the California public mental health system.
2. it saves the effort and expense of gathering data that may not help in detecting physical disease.
3. the data used in the algorithm can be obtained by mental health staff and do not require a physician, nurse or physician's assistant.
4. the algorithm tells the user how to interpret abnormal findings as indicators of the probability of the presence of physical disease and whether to refer the patient for a complete medical evaluation.

When the Screening Procedure is the SB 929 Screening Algorithm:

The SB 929 medical algorithm requires 10 items of medical history, measurement of blood pressure, and 16 laboratory tests (13 blood tests and 3 urine tests). These data were the only strong predictors of physical disease in the SB 929 patients.⁴⁸

The county mental health department must decide whether to gather all of this information or just part of it and whether to add questions that have not been investigated as screening

items. (The California SB 929 Study did not ask about the use of alcohol, illicit drugs and prescription drugs). This decision will be influenced by the trade-offs between maximizing the probability that a patient referred for further evaluation will have an important physical disease, maximizing the proportion of truly sick patients that the screening program detects, and the program's budget. These trade-offs, in turn, are influenced by the perceived costs of failing to detect important physical disease, the perceived costs of sending well patients for evaluations, and the perceived value of detecting important physical disease. Fortunately, the SB 929 Study results (Appendix B) provide much of the data needed to make these judgments.

To maximize the probability that referred patients will be found to have an important physical disease, one would gather only enough information for algorithm steps A and B in Figure 1. The odds are high that a physical disease is present if any item in step A or step B is abnormal, 6.4 to 1 for step A and 5.7 to 1 for step B in the SB 929 patient sample. That is, if an SB 929 patient had any of the abnormal findings in step A, that individual was 6.4 times as likely to have a physical disease as were individuals who did not have any of the abnormal findings within step A. This information is conveyed by the likelihood ratio of 6.4, which is shown to the right of NODE A in Figure 1. (An example of how to use the likelihood ratios to estimate the odds of disease being present in patients in different treatment

FIGURE 1

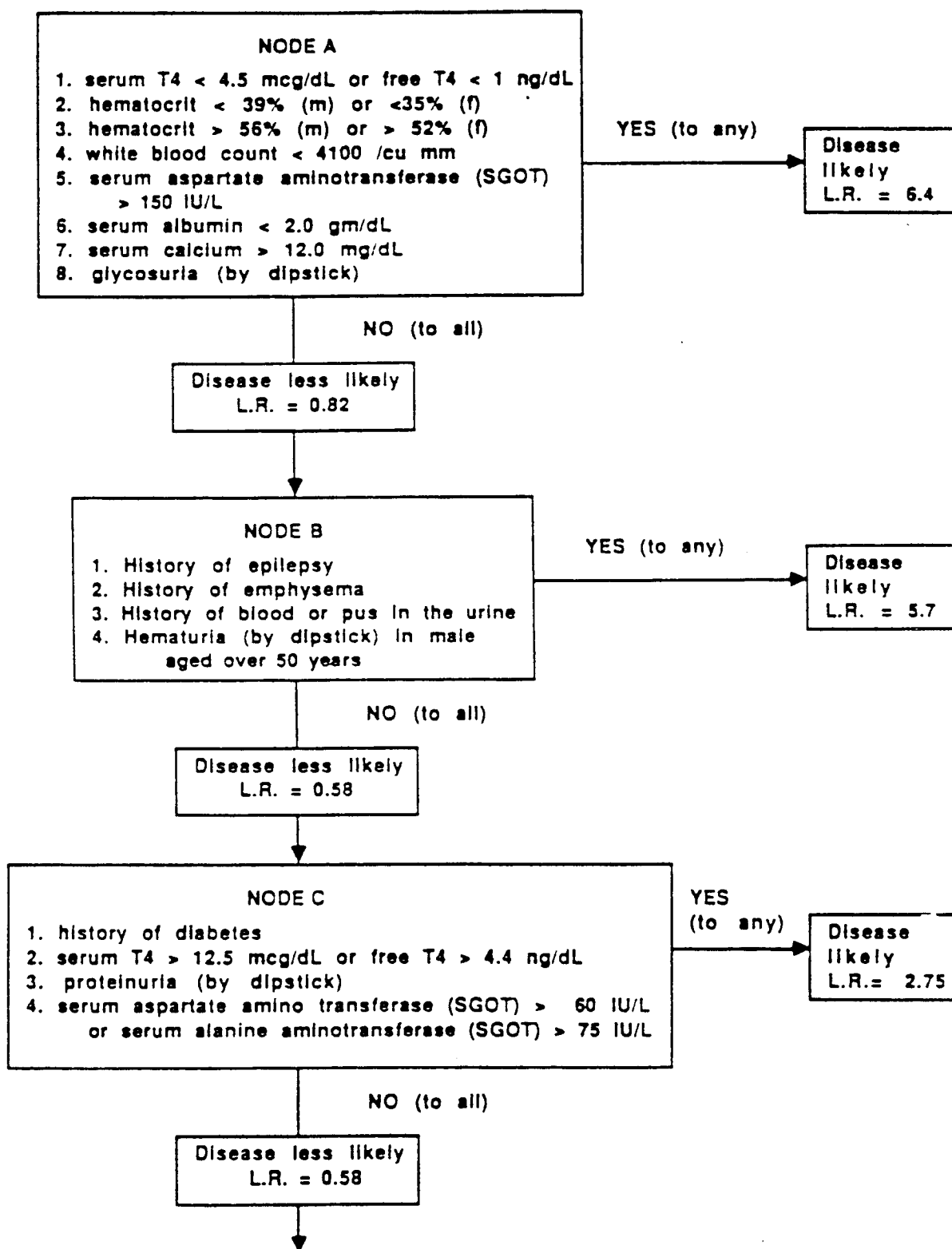
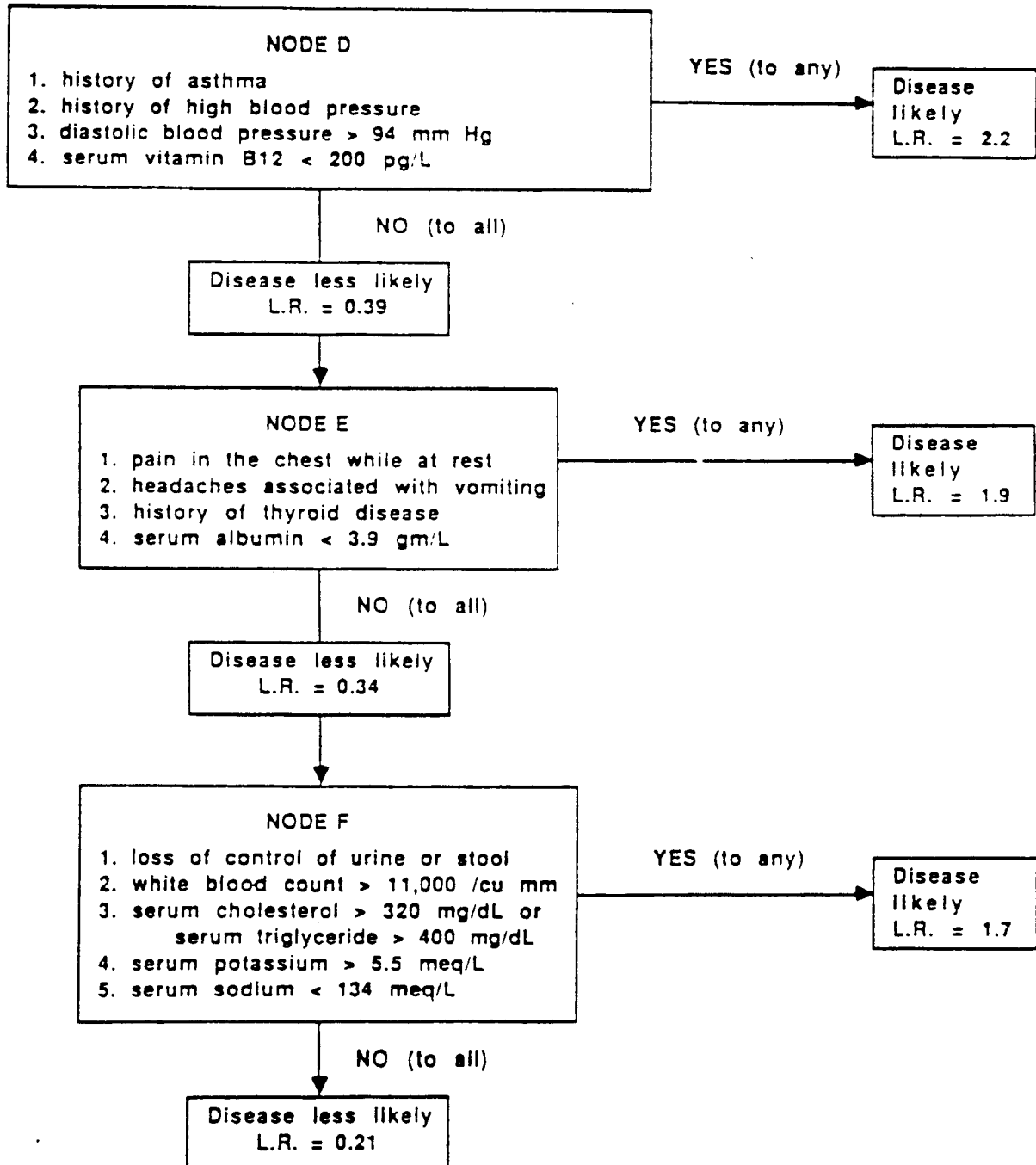


FIGURE 1 (CONT.)



settings is presented in Appendix B.^{48, p. 1272})

The costs of screening using only steps A and B are low since only inexpensive laboratory tests are required (a serum T4, hematocrit, white blood count, serum aspartate aminotransferase, serum albumin, serum calcium, and urine dipstick tests for glycosuria and hematuria). However, step A detects only 20% of patients with important physical disease, and step A and B together detect only 47% of such patients. To maximize the proportion of truly sick patients detected by the screening program, one would gather all of the information required through step F. Ninety percent of truly sick patients will have at least one of the findings in steps A through F, and will, therefore, be referred for evaluation by a physician.

Methods for estimating the cost and the cost-effectiveness of the six branch nodes, or steps, embedded in the SB 929 screening algorithm are detailed elsewhere⁴⁸ (Appendix B). With these data, a mental health program director can calculate the costs of continuing through each step of the algorithm and decide which steps are within the program's budget.

To obtain all the data needed for the SB 929 screening algorithm, the screening program nurse, nurse practitioner or physician's assistant should:

1. ask the patient to complete the 10-item Medical History Checklist, assisting the patient as necessary,
2. obtain a sitting blood pressure measurement,
3. request the patient to provide a urine sample, and

4. draw the blood specimens for the laboratory battery.

The laboratory panel of tests should consist of:

1. a hematocrit
2. white blood cell count
3. serum aspartate aminotransferase
4. serum alanine aminotransferase
5. serum albumin
6. serum calcium
7. serum sodium and potassium
8. serum cholesterol and triglycerides
9. serum T4 and free T4, and
10. serum vitamin B₁₂.

Mental health programs that do not employ medical or nursing staff may prefer to send the patient to a local laboratory for blood drawing. The patient's urine should be examined by dipstick for glucose, blood and protein.

The items of information obtained from this screening procedure should be grouped according to the six-step algorithm shown in Figure 1. The reason for grouping the information as shown is to help interpret abnormal findings. Abnormal findings listed in the earlier steps of the algorithm more strongly predict the presence of physical disease than those occurring in later steps and hence more urgently require a physician's attention. A patient who has any positive finding from any step in the algorithm should be referred for further evaluation to a

physician who specializes in internal medicine or family medicine.

Because further medical evaluation takes place as a result of a physician's judgment (the physician who authorized the screening program or who serves as its consultant), the cost of the further evaluation is billable to third party payers. The clinical staff of the mental health program can arrange the referral, which, for insurance purposes, does not require further review by a physician. The mental health program should provide the evaluating physician with a copy of all medical information available regarding the patient and with information regarding the patient's psychiatric diagnosis, mental status, and psychotropic medications.

The SB 929 screening algorithm was validated by applying it to the clinical findings of the last 166 patients to be enrolled in the SB 929 study. However, it has not been studied in an entirely separate population. Moreover, the SB 929 patients were not completely representative of California's statewide population of public mental health patients. For example, the legislation authorizing the SB 929 study required that the study exclude patients with a primary diagnosis of alcoholism. For these reasons, county mental health policy makers should regard the SB 929 screening algorithm as tentative until it has been validated in their setting. Adding items to screen for alcohol or substance abuse, for example, may be helpful.

A county mental health department that decides to employ

the algorithm may wish to evaluate its validity by comparing referral decisions generated by the algorithm with the results of careful, complete medical evaluations of the same patients. This comparison will allow an estimate of the algorithm's false negative rate (missed diagnosis rate). The mental health policy maker should seek a statistician's advice regarding sample size and study design. Several articles are available to guide a validation study.^{40,42,47,50}

HOW TO SCREEN: ARRANGING FOR FOLLOW-UP MEDICAL CARE

Patients with mental disorders often fail to seek recommended medical care, whether because of inertia related to depression, paranoia related to psychotic disorders, or denial or unrealistic fears related to anxiety disorders. Steps should be taken to make it as easy as possible for patients to see the referral physician. These steps include:

1. explaining the reason for the referral,
2. asking the patient about any concerns he or she has about the referral,
3. helping the patient, as necessary, to complete the Statement of Facts for Medi-Cal and the related Rights and Responsibilities Form,
4. helping the patient, as necessary, to make the appointment,
5. giving the patient written confirmation of the telephone number and address of the physician to whom he or she is being referred (if this is not the patient's regular physician),
6. providing the patient with information about the cost of further evaluation,
7. helping the patient arrange transportation, and,
8. establishing a panel of physicians who are willing to carry out these evaluations for mentally disordered patients.

The mental health facility staff, rather than the screening program staff, should bear this responsibility, since the

facility staff will have on-going contact with the patient and can help resolve any referral-related problems.

Mental health facility staff should check with the patient to be sure that the consultation has been completed and should arrange to receive results of the consultation. The staff need these results because newly diagnosed illnesses or newly prescribed medications may influence the mental health treatment plan, (e.g., illnesses and nonpsychiatric medications can interact with the patient's psychotropic medications).

In view of the constraints affecting public funding of health and mental health care, county programs should strive to exchange services. If the county operates a medical clinic, the mental health program director should negotiate an arrangement for patients enrolled in the mental health program to receive medical evaluations and continuing care at the medical clinic. In exchange, the mental health program can offer mental health consultations for patients under care at the medical clinic. The health and mental health departments could even agree to share clinical staff or arrange other linkages.

Written agreements describing linkages should detail joint authorities, responsibilities and benefits.³⁷ The agreements should address who pays which costs, who collects and retains fees, whose personnel policies determine staff roles and financial arrangements, and who collects, stores and reports which information. Smooth relationships between county health and mental health programs are particularly important for

patients who receive medical care under county auspices (medically indigent adults) and for those funded by Medi-Cal.

The screening program will generate a steady stream of patients needing medical evaluation. In counties without county-operated health programs, the mental health program director should negotiate an agreement with a panel of primary care physicians to evaluate a limited number of Medi-Cal or indigent patients each month. Setting a limit can prevent the primary care physicians from feeling overwhelmed by the potential for a large volume of low-fee or indigent patients.

Does the county mental health department, in mounting a screening program, become legally liable when a patient is unable to obtain recommended follow-up care? The answer is unclear, but is probably, "No."⁵ Mounting a physical disease screening program in settings other than emergency rooms and inpatient facilities is beyond the standard of community mental health care, so that failure of such a screening program to ensure perfect results would not be not evidence of negligence. The county's responsibility probably ends with informing legally competent patients and the conservators of incompetent patients who are not receiving emergency or inpatient care that they should seek further evaluation. County counsel's advice should be sought, however, on this point. In emergency room and inpatient settings, inadequate medical evaluation can result in findings of liability.⁵

RECORDING SCREENING RESULTS: THE STANDARD MEDICAL HISTORY FORM

The SB 929 Medical Evaluation Study found that medical histories recorded in patients' clinical records, even in inpatient settings where physicians were employed, were often inadequate, exceedingly brief, and omitted much important information. Therefore, the Study team recommended that this Manual include a Standard Medical History Form to be used in facilities where medical evaluation already takes place (inpatient units, psychiatric health facilities, state mental hospitals and skilled nursing facilities).

Recommendations Regarding the Standard Medical History Form

1. Adopt the SB 929 Medical History Form. County mental health departments should adopt as their Standard Medical History Form the form developed for the SB 929 Study (Appendix A), with modifications needed for recording administrative data, demographic data, and the history of any current physical illness. The caregiver should fill out this Form, suitably modified to meet local needs, when a patient is admitted to an inpatient unit, psychiatric health facility, or county-funded skilled nursing facility. The State Department of Mental Health should substitute the Standard Medical History Form for forms MH 5705 (11/82) and MH 5705A (686), now used in the state mental hospitals.

2. Carry out periodic audits. The medical records departments in these facilities should carry out periodic audits

of the Standard Medical History Forms to measure the percentage of patients for whom a Form has been used and the percentage of questions answered on the forms. The facility's quality assurance committees should audit the frequency with which identified problems have been followed up appropriately.

3. Arrange for a physician to review each patient's medical history. During the review of each patient's Initial Treatment Plan, a physician should review the Standard Medical History Form as part of the quality assurance plan required by Medi-Cal.

4. Send a copy of the patient's medical findings with any patient who is transferred. A copy of the Standard Medical History Form, Physical Examination Record and all recent laboratory test results should accompany each patient who is transferred from one mental health program to another. This practice will prevent duplication of effort, raise the quality of care and decrease the costs of care. Mental health programs should also send these records when referring a patient for evaluation of suspected physical disease.

Recommendations Regarding the SB 929 Medical History Checklist

If the screening program uses just the algorithm developed by the SB 929 Medical Evaluation Study, then it needs to collect only ten items of medical history. A Medical History Checklist incorporating these ten items appears in Appendix A. If the patient responds "yes" to any of these items, he or she should be referred for further medical evaluation. The patient can complete

the Checklist or the screening program's staff can administer it as a brief questionnaire.

To assist county mental health programs in adapting the SB 929 Standard Medical History Form and Physical Examination Record, several other model medical forms are included in Appendix A. These include the forms used in the Veterans Administration clinics and hospitals, the Northern California Permanente Medical Group, Inc., and several commercially available forms.

RECORDING SCREENING RESULTS:
THE ESSENTIAL MEDICAL INFORMATION FORM

Too often, a patient's medical problems, uncovered in earlier treatment episodes, lie buried in unexamined parts of the patient's clinical record. In order to increase staff awareness of patients' medical problems, the county mental health department should develop an Essential Medical Information Form. The Form should include information about any past medical problems. These include problems that might cause or exacerbate the patient's mental disorder, require on-going treatment or interact with psychotropic drug treatments. Placing the Form directly behind the clinical record's Face Sheet at the mental health facility would bring the information to staff attention. The Form should be brightly colored for easy recognition and printed on heavy stock (e.g., 65 pound cover stock) for durability.

The Essential Medical Information Form should include:

1. identifying data.
2. active physical diseases and problems as confirmed by a physician.
3. currently suspected physical diseases and problems that have not been confirmed by a physician.
4. prescribed drugs currently taken, including drug name, unit dose, total daily dose and date this information was noted.
5. current alcohol, illicit drug, tobacco and caffeine use.

6. past history of alcohol or other substance abuse or dependence with approximate date of last episode.

7. current regular use of any over-the-counter medications, sleeping remedies, cold preparations, or pain relievers.

8. past history of physical diseases, injuries, and operations.

9. the name, address and telephone number of the health care provider(s) caring for the patient, if any. If none, record "None."

10. the name and address of health care providers, including hospitals, that have a written record of the patient's past medical care.

11. the name of the person who entered the data on the Essential Medical Information Form and the date of entry.

Space should be provided for adding new information about the patient's active physical diseases, suspected physical diseases, prescribed drugs, alcohol and other substance use, and regular use of over-the-counter medications, since these can change rapidly.

California Department of Mental Health Letter 80-18 (June 30, 1980) states that a non-physician can record a history of physical disease or a suspected medical diagnosis in a patient's clinical record.

RECORDING SCREENING RESULTS: THE PHYSICAL EXAMINATION RECORD

The SB 929 Study found many examples of incompletely recorded physical examinations recorded in patients' clinical records in 24-hour hospitals and psychiatric health facilities. Furthermore, the record often did not contain important signs of physical disease that the SB 929 Study clinical team found in its complete examinations. From 17% to 25% of patients in various 24-hour hospitals and psychiatric health facilities had incomplete physical examinations recorded in their charts.³² [The absence of a genital or rectal examination did not result in the physical examination being classified as "incomplete."]

A neurologic examination was not recorded in 45% of hospitalized patients. This omission is of particular concern because of the high frequency with which neurologic disorders induce psychiatric signs and symptoms. Fully 80% of the 529 patients examined in the SB 929 study had neurologic abnormalities (many induced by psychotropic medications). Eleven patients (2.2%) had important neurological diseases newly detected by the SB 929 study team, including three cases of epilepsy.³⁰

The physical examination often contributes findings that lead to a change in a psychiatric patient's diagnosis or treatment. Koranyi found that 12% of psychiatric outpatients had an unrevealing medical history, but manifested physical examination findings that changed their psychiatric diagnosis or

treatment.³³ Chandler and Gerndt, in a study of 224 consecutive admissions to the University of Iowa Psychiatric Hospital, found that the physical examination contributed to a change in psychiatric diagnosis or treatment in 14 patients (6%).⁷ Fitzgerald, in a review of published studies, describes the clinical situations and body systems in which the physical examination is likely to be highly accurate and those in which modern technology has provided a superior means of gathering evidence of abnormality.¹⁴ For example, careful physical examination is accurate in detecting anemia and valvular heart disease, but is inferior to technical studies in detecting obstructive lung disease and abdominal aortic aneurysms. Physical examination reveals which patients should receive computed tomography scans after head trauma or after alcohol withdrawal seizures, and, together with a medical history, appears to be the best method for evaluating syncope.

Appendix A contains several forms for recording the results of a complete physical examination. Using these forms as models, the county mental health department should design a standard form and mandate its use. The SB929 Physical Examination Record provides a good model: it lists in checkoff form many signs of physical diseases that can cause or exacerbate mental symptoms; it includes a very detailed list of neurological findings; it is suitable for use by a nurse practitioner or physician assistant; it allows easy entry of coded findings into a computer data base.

The Veterans Administration physical examination form (VA

Form 10-7978e, revised April, 1989) has less explicit description of physical findings than the SB 929 Form. It is more suitable for use by a physician, who would record abnormalities briefly in the space provided for each organ or system. The neurological portion of this form should be expanded to include neurological abnormalities that are likely to be encountered in psychiatric patients. The neurological portion of the SB 929 Physical Examination Record can serve as a model.

The forms used to record physical examinations at Napa State Hospital (MH 5731, revised 6/86) and at Agnews Development Center (DS 5630, revised 12/84) are included for reference purposes. The Napa State Hospital form, like the SB 929 Physical Examination Record, lists abnormal signs that can be circled to record their presence.

FACILITATING PROGRAM STAFF ACCEPTANCE OF SCREENING

Introducing change in an organization is an art. People resist change because it demands attention and energy and because the advantages of new procedures are not always apparent to those who are asked to change their routines. Mental health facility staff may resist the introduction of a medical screening program because it creates additional work, interferes with mental health program activities or represents the threat of uncovering errors in diagnosis (having failed to detect physical diseases masquerading as mental disorders). Program leaders can take several steps to minimize staff resistance.

First, motivate the staff by teaching them about the prevalence of physical disease in patients with mental disorders. The data presented in Appendix B of this Manual may be a helpful starting place. No one wants to perpetuate bad care and these data should motivate the staff. The data can be displayed in poster form, distributed in a memo, and discussed at staff meetings. Nonmedical staff need to become aware that physical diseases often cause or exacerbate mental disorders.

Second, state explicitly the mental health program's obligations. Help the staff understand that helping patients, especially chronically mentally ill patients, with their basic health needs is as much a part of community-based mental health care as is helping them with social supports, protection, housing and transportation.

Third, involve the staff in planning. Let them decide how to integrate the screening program into the activities of the mental health program.

Fourth, allay fears. Assure the staff that the discovery of unsuspected physical disease by the screening program will not result in negative staff evaluations.

Fifth, create incentives. Devise a system for rewarding staff members for recognizing physical disease and for taking the presence of physical disease into account in mental health treatment plans.

Sixth, provide feedback about successes. Inform the staff when treatment of a physical disorder leads to improvement in a patient's mental condition. A monthly review of successful medical interventions could help maintain staff support for the screening program.

Seventh, set goals. In an inpatient setting, for example, the goal might be: all patients will receive a complete medical evaluation within 24 hours of admission. In an outpatient clinic, the goal might be: all patients will be evaluated by means of the SB 929 screening algorithm at the time of their second clinic visit. The facility should audit the degree of goal attainment quarterly and review these audits with the county mental health department.

Finally, announce leadership support of the program. Inform the staff that the leadership, both at the facility level and at the level of the county mental health department, support the

screening program. Support can take the form of statements mandating a policy of screening patients.

The administrative lines of authority for screening staff must be clear in order to minimize conflict with the staff who are engaged in delivering mental health services. If the screening staff are based full time at a given facility, they should be accountable administratively through the facility's chain of command. If, however, the screening staff visit many sites, they should report administratively to a centrally located administrator of the screening program. To prevent inter-staff conflict, this administrator, who reports to the county mental health director, must negotiate written agreements with the administrators of each screening site.

WHO SHOULD SCREEN: QUALIFICATIONS FOR CLINICAL STAFF

The screening program involves both clinical and clerical tasks. In some settings, the screening program's activities can be carried out by existing staff. Their job descriptions should be revised to reflect their screening responsibilities.

Qualifications for Clinical Staff

Anyone can learn too obtain the data required for the screening algorithm described in this Manual: the patient's blood pressure, the results of laboratory tests, and ten items of medical history. Nurses or physician's assistants can gather these data, since they are competent to draw and prepare blood for testing. Nonmedical staff can be trained to measure blood pressure and to perform a venipuncture, or the patient can be sent to a local laboratory for blood tests. In measuring blood pressure, the staff should attend to those factors that can influence the measurement, including cuff size, arm position, and pressure of the head of the stethoscope on the artery.¹⁴

If the county wishes to mount an outpatient screening program that includes a complete physical examination, it can employ nurse practitioners or physician's assistants, with an internist providing supervisory consultation.⁴⁶

Screening by Using the SB 929 Screening Algorithm

When the screening program is limited to the SB 929 screening algorithm, the nurse's or physician's assistant's job description should include the following responsibilities:

1. Obtains the patient's signature on a release of information form so that the screening program can release data to health care providers or request data from them.
2. Asks the patient to complete the Medical History checklist and helps the patient if necessary.
3. Obtains the patient's sitting blood pressure.
4. Completes test ordering and billing information on the laboratory test order form, identifying the laboratory tests to be billed to a third party because they are clinically indicated (see pp. 41-42).
5. Draws and prepares a blood sample for screening tests and sends it to a laboratory.
6. Obtains a urine sample, does a dipstick urinalysis, and records the results.
7. Notifies the clerical staff when to order laboratory and other supplies.
8. For patients referred for complete evaluation based on the results of the screening examination, writes a letter to the referral physician indicating the reasons for the referral and sends the results of the screening examination.
9. Maintains a log of patients screened and tests ordered.

Screening by Means of a Complete History, Physical Examination and Diagnostic Test Panel

When the screening program includes a complete examination, the nurse practitioner or physician's assistant should be trained to a high degree of competence in the following skills:

1. recognizing psychiatric signs and symptoms
2. eliciting mental status findings that suggest impaired brain function (the Mini-Mental State Examination¹⁵ is an appropriate, structured screening examination.)
3. performing a complete, accurate, and reliable physical examination. (Depending on the patient's mental state, this examination may omit the genital and rectal examinations.)
4. performing a neurological examination to detect signs of central nervous system disorder.
5. maintaining accurate records of examination results.

Whether screening is based on complete examinations or on the SB 929 screening algorithm, the job description of the nurse practitioner or physician assistant should also include:

1. reviews the patient's clinical record at the mental health facility, documenting any known physical complaints, disorders, or diseases and all medications taken by the patient.
2. discusses each patient with the consulting internist, and points out the patient's symptoms, physical findings, mental status findings, and psychiatric diagnosis.

Mounting a Mobile Medical Screening Program

In certain circumstances, the county mental health department may wish to create a mobile screening program. A mobile medical evaluation team staffed by physician's assistants or nurse practitioners can mitigate problems that discourage

screening. These problems include lack of space, physicians' lack of interest in medical screening, and too few new patient visits to justify hiring screening personnel for each program. The mobile screening team can use as its examination space a motor home converted into a medical screening facility²⁹ (Appendix B).

In addition to a motor home's usual features, a mobile medical van requires a copying machine, a computer and printer for word processing and record storage files. A motor home is easily converted into a mobile medical van by converting the bedroom into an examining office and the dining area into clerical space.

If the screening program uses a mobile medical van whose staff includes a medical clerk²⁹ (Appendix B), the nurse practitioner's or physician's assistant's job description should also include:

1. shares responsibility with the medical clerk for doing all maintenance chores for the mobile van (including interior and exterior structure, equipment and supplies).
2. shares responsibility with the medical clerk for driving the mobile van to and from the mental health facilities.
3. maintains good relationships with the staff at all mental health screening sites.
4. coordinates the medical screening program with the mental health facilities' mental health programs.

WHO SHOULD SCREEN: QUALIFICATIONS FOR CLERICAL STAFF

The job description of the medical clerk who is responsible for the clerical aspects of the screening program should include:

1. assists in obtaining the patient's signature on a Release of Information form.
2. prepares a packet of data collection forms for each patient, places the packet in a binder and gives the binder to the clinical staff.
3. ensures that all patient data forms are in the patient's clinical record.
4. obtains screening laboratory results from the local or central contract laboratory and notifies the clinical staff.
5. submits laboratory test billings to third party payers.
6. reorders laboratory supplies from the contract laboratory well in advance of need.
7. prepares and types letters from the clinical staff to referral physicians and to patients' private physicians.
8. maintains a filing system for the screening program's records.

If the screening program uses a mobile medical van²⁹ (Appendix B), the job description of the medical clerk should include in addition:

1. shares responsibility with the nurse practitioner or physician's assistant for doing all maintenance chores for the

mobile van (including interior and exterior structure, equipment and supplies).

2. shares responsibility with the nurse practitioner or physician's assistant for driving the mobile van to and from the mental health facilities.

3. notifies the contract laboratory regarding times and places for pick-up of laboratory specimens or arranges for shipment of specimens to the laboratory.

4. maintains good relationships with the staff at all screening sites.

5. coordinates the medical screening program with the mental health program at the mental health facilities to be visited, including scheduling the times of the van's visits to the mental health facilities.

6. writes thank you letters to mental health facility staff who have been particularly helpful in coordinating the screening program with the mental health program.

7. if the medical clerk is a woman, she should act as a chaperon when a male physician's assistant or nurse practitioner carries out the physical examination of a female patient.

WHO SHOULD SCREEN: QUALIFICATIONS OF A MEDICAL CONSULTANT

The medical consultant reviews the results of laboratory tests and other medical data to help decide whether or not to refer patients for a complete evaluation of suspected physical disease. The consultant will help the staff differentiate between abnormal laboratory results that are probably false positive results and those that deserve further investigation. Usually, this consultation can be carried out by telephone.

If the screening program includes a complete physical examination by a physician's assistant or a nurse practitioner, the consultant should check the clinical staff's physical findings periodically in order to evaluate their skills and help them remain competent.

When a screening program is initiated in a facility that has psychiatric staff, a psychiatrist may feel competent to serve as the medical consultant. However, referral decisions can be difficult, and the psychiatrist may prefer that an internist or family physician make these decisions. In this case, and in facilities that do not employ psychiatrists, the facility should develop a contractual arrangement with a consulting physician.

The reviewing physician should decide which of the screening laboratory tests (included in the SB 929 algorithm or ordered as part of a complete examination) are clinically indicated by the patient's medical history or physical findings (as recorded on the Standard Medical History Form, Standard

Physical Examination Record, or Medical History Checklist). All clinically indicated laboratory tests are billable to the patient's third party payer. Submitting these bills and tracking collection will reduce the county's cost for the screening program. The screening program's nurse practitioner or physician's assistant should convey to the medical clerk which tests are billable. The medical clerk submits the bills to third party payers. When the screening program utilizes a contract laboratory, the laboratory can bill third party payers for the clinically indicated tests.

The psychiatrist or medical consultant must be interested in working with nurse practitioners and physician's assistants, comfortable with psychiatric patients, and knowledgeable about the relationships between physical diseases and psychiatric symptoms.^{18,26,34}

COSTS OF SCREENING: FISCAL ASPECTS OF A SCREENING PROGRAM

In settings in which medical evaluation is already in place, improving the quality of these evaluations by the methods suggested in this Manual need not increase evaluation costs. In fact, a more thorough approach to medical evaluation will be more cost-effective as measured by the cost-per-case-detected⁴⁸ (Appendix B).

New screening programs will incur additional costs for staff, supplies and perhaps for space. Plans for a new screening program should identify the funding source. In order to obtain incremental funding, county mental health departments and the State Department of Mental Health may have to convince the Legislature of the value of screening for physical disease. This Manual and the previous reports from the SB 929 Study^{30,31} can help in these efforts. Citizens' groups, such as the California Alliance for the Mentally Ill, and professional organizations, such as the California Medical Association and the California Psychiatric Association, can also be persuasive.

The costs of a screening program to the state and to the counties can be reduced in several ways, at least in 1991. First, in mental health programs other than 24-hour hospitals and the state hospitals, clinically indicated laboratory tests can be billed to the patient's third party payer (see pp. 41-42). For Medi-Cal, Medicare and private insurance patients, billing for clinically indicated tests will bring the county mental health

program considerable cost savings. Only for uninsured patients will the mental health program need to use state or local mental health funds to pay for all laboratory test costs.

Second, the costs of screening can be reduced by billing third party payers for the further medical evaluations of patients referred through application of the medical screening algorithm. These costs are billable to third party payers regardless of whether or not new physical disease is uncovered.

Third, because the screening program will order a large volume of a standardized panel of laboratory tests, the county mental health department should be able to negotiate a volume discount in the price charged by outside laboratories for this test panel.

Finally, the SB 929 Study found that screening patients for physical disease did not appear to increase the state's combined costs for medical and mental health care in the year after screening compared to the year before screening.³¹

COSTS OF SCREENING: CONTRACTING WITH A LABORATORY SERVICE

The screening program will need a formal arrangement with a clinical laboratory to do blood and urine tests. The formal, written agreement should spell out:

1. which laboratory tests that will be done routinely.
2. whether the laboratory will provide courier service for blood samples. If the laboratory does provide courier service, the frequency of sample pick-up should be specified (e.g., daily or "will-call").
3. the elapsed time between submitting a blood sample and the receiving a report from the laboratory. The turn around time for routine laboratory tests should not exceed 24 hours.
4. how the laboratory will be paid (e.g., by purchase order, with or without a funding cap).
5. the starting and ending dates of the arrangement.
6. who will bill third parties for billable laboratory tests.
7. whom to contact for answers to clinical or administrative questions.
8. how to access to test results 24 hours a day, 365 days a year.

The SB 929 Study used a national firm that picked up blood samples at the study's screening sites daily, provided all materials needed to draw, collect and prepare samples (including a centrifuge), provided reports within 24 hours of picking up the

samples, and billed third parties. The firm could install teleprinters at each study site to report test results. The firm gave the study team a reduced rate for the study's panel of laboratory tests because a standard panel was to be ordered in large volume. County mental health screening programs would order a standard panel in even larger volumes than did the SB 929 Study and should negotiate favorable prices for tests that cannot be billed to third party payers.

County mental health programs that wish to discuss contracting with a large, multi-site laboratory firm that can offer the services described above may contact:

1. Met West

Attn: Mr. Michael Hughes or Mr. James Pitton

18408 Oxnard Street

Tarzana, CA 91356

Telephone: 818/996-7300 or 1-800/339-4299

This firm worked with the SB 929 Study team.

2. SmithKline Beecham Clinical Laboratories

Attn: Mr. C. Mitch Morrow (for Northern California)

6511 Golden Gate Drive

Dublin, CA 94568

Telephone: 415/828-2500

or: 1-800/228-3008

Attn: Ms. Anna Hutchison (for Southern California)
15243 Vanowen Street
Van Nuys, CA 91405
Telephone: 818/786-3180

3. Roche Biomedical Laboratories

Attn: Mr. Louis Tzoumbas
383 E. Grand, Suite B
South San Francisco, CA 94080
Telephone: 415/871-4720

This firm has contracts with San Mateo, San Francisco,
Alameda and Contra Costa Counties.

Sample test ordering forms produced by these firms are
included in Appendix A.

CLUES SUGGESTING THAT THE MENTAL SYMPTOMS HAVE AN ORGANIC CAUSE

A number of findings should make the clinician suspect that an underlying physical disease is causing the signs and symptoms of the patient's "mental" disorder. These clues include²⁴

(Appendix B):

1. The mental disorder is a **first episode**.
2. The mental symptoms occur in a patient who is:
 - a. **aged 40 or more**
 - b. **currently ill with a major medical illness**
 - c. **taking prescribed or over-the-counter medications that can cause mental symptoms**
 - d. **experiencing neurological symptoms: unilateral weakness, numbness, paresthesias, clumsiness, gait problems, headaches of increasing severity, vertigo, visual symptoms, speech or memory difficulties, loss of consciousness, or emotional lability.**
 - e. **experiencing weight loss (10% or more of base line weight), unusual diet (e.g., complete vegetarianism) or self-neglect that could cause vitamin-B deficiencies.**
 - f. **not experiencing serious life stress.**
3. The patient has a past history of:
 - a. **a physical illness that can impair organ function (neurologic, endocrine, renal, hepatic, cardiac, or pulmonary)**

- b. recent falls or head trauma with unconsciousness
 - c. alcohol or drug abuse
 - d. taking several over-the-counter drugs.
4. The patient has a family history of:
- a. inheritable metabolic disease (diabetes, porphyria)
 - b. degenerative or inheritable brain disease.
5. Certain mental signs are present:
- a. altered level of consciousness
 - b. fluctuating mental status
 - c. any cognitive impairment
 - d. visual, tactile or olfactory hallucinations
 - e. episodic, recurrent, or cyclical symptoms interspersed with periods of being well.
6. Certain physical signs are present:
- a. signs of major organ impairment e.g. ascites, edema
 - b. any focal neurologic deficit
 - c. diffuse subcortical dysfunction, e.g., slowed speech, mentation or movement; dysarthria; ataxia; incoordination; tremor; chorea; asterixis
 - d. cortical dysfunction, e.g., dysphasia, apraxia, agnosia, visuospatial deficits, defective cortical sensation.
7. Response to appropriate psychiatric treatment is poor.
- (Rethink the diagnosis, reexamine the patient, and consider seeking the advice of a consultant.)

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TABLE 1

STUDIES OF PHYSICAL DISEASE IN MENTALLY ILL PATIENTS: A SUMMARY

	<u>Number of Patients</u>	<u>Rate of Physical Disease (%)</u>	<u>Newly dx Physical Disease (%)</u> *	<u>Causal or Related (%)</u> **	<u>Causal (%)</u>
<u>Outpatient</u>					
Wynne-Davies 1965	36	32	--	16 (careful review)	--
Forsythe 1977	677 outpt 433 inpt	56	29	--	--
Hall 1978	658	--	4	9	--
Koranyi 1979	2090	43	20	32	8.3
Muencke 1981	910	--	20	--	0
Barnes 1983	147	26	13	--	<1
Farmer 1987	59	--	53	--	--
Maricle 1987	43	79	51	22.1***	3.5***
Honig 1989	156	53	32	--	--

STUDIES OF PHYSICAL DISEASE IN MENTALLY ILL PATIENTS: A SUMMARY (CONT.)

	<u>Number of Patients</u>	<u>Rate of Physical Disease (%)</u>	<u>Newly dx Physical Disease (%)</u> *	<u>Causal or Related (%)</u> **	<u>Causal (%)</u>
<u>Inpatient</u>					
Marshall 1949	175	44	3	22	--
Herridge 1960	209	50	--	26	5
Eilenberg 1961	1259	18	--	--	7.2
Snaith 1965	428	15	--	8	--
Maguire 1968	200	24	17	--	--
Johnson 1968	250	--	--	12	--
Hall 1980/81	100	80	80	46	--
Chandler 1988	224	77	--	--	--
Sheline 1990	95	92	--	--	--

STUDIES OF PHYSICAL DISEASE IN MENTALLY ILL PATIENTS: A SUMMARY (CONT.)

	<u>Number of Patients</u>	<u>Rate of Physical Disease (%)</u>	<u>Newly dx Physical Disease (%)</u> *	<u>Causal or Related (%)</u> **	<u>Causal (%)</u>
<u>Emergency</u>					
Eastwood 1970	100	40	16	--	1
Carlson 1981	2000	--	--	4.6	--
<u>Day Treatment</u>					
Burke 1978	133	50	30	--	--
Roca 1987	42	93	46***	--	--
Brugha 1989	121	41	5.8	--	--

* Disease detected by screening during treatment in the mental health program.

** Physical diseases judged by the investigators to be causing or exacerbating a patient's patient's mental disorder.

*** Percent of diseases. Other percentages in this table are percentages of patients.

Date of Report: _____

Date Dictated: _____

Date Typed: _____

General: Age: _____ Temp. _____ Pulse _____ Respiration _____ Blood Pressure _____ Height _____ Weight _____

General Description of Patient: _____

SKIN		
Moisture	Pigment	Hair
Texture	Eruption	Tattoos
Nails	Bruises	Echymoses
Nodules	Scars	Petechiae
EYES		
Lid-lag	Nystagmus	Exophthalmos
Sclera	Acuity	Conjunctiva
Pupil	Movement	Prosis
Fields	Ophthalmoscopic	
EARS		
Drums	Discharge	Acuity
Hearing	Mastoid	
NOSE		
Airways	Septum	Mucosa
Sinus Tenderness		
MOUTH		
Breath	Gums	Palate
Lip	Tongue	Teeth
Salivary ducts		
THROAT		
Tonsils	Exudate	Pharynx
HEAD - NECK		
Stiffness	Thyroid	Trachea
Masses	Vessels	Bruit
Shape	Symmetry	
LYMPH NODES		
Cervical	Inguinal	Occipital
Epitrochlear	Axillary	Supraclavicular
CHEST		
Shape	Respiration	Symmetry
BREAST		
Masses	Nipples	Discharge
Tenderness		
HEART		
Apex	Phythm	Sounds M1
Thrill	Murmurs	A2
Gallop	Visual Pulsation	P2
Rate	Friction	Third
LUNGS		
Fremitus	Breath Sounds	Percussion
Adventitious Sounds		
BLOOD VESSEL		
Pulses	Vessel	Equality

(Continued on Reverse Side)

PHYSICAL EXAMINATION

PAGE 1 of 3

- ☐ Admission ☐ Annual
☐ Other _____

Confidential Client/Patient Information
See Welfare & Institutions Code Section 5328

STANDARD MEDICAL HISTORY FORM

Patient Name _____ Date _____

Age _____ Date of birth _____ Occupation _____

Home Address _____

City _____ Telephone Number _____

MR# _____

We are asking the questions below to find out if you have had any very bothersome physical problems in the last two months. Please circle the number for any symptom that has been very noticeable or worrisome to you. For each group of symptoms, please circle the number for "none of the above" if none of these symptoms has troubled you. Please do not circle any symptom number if the symptom has been minor or very mild.

HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE PAST TWO MONTHS?

General symptoms:

FOR OFFICE USE

- 1 - severe loss of appetite
- 2 - unusual hunger
- 3 - loss of more than ten pounds without trying
- 4 - excessive thirst
- 5 - fever over 100 degrees for more than a day
- 6 - night sweats
- 7 - difficulty tolerating hot or cold weather
- 8 - a change in the way you sleep
- 9 - none of the above

Problems with your head:

Have you had any of these in the past TWO MONTHS?

- 10 - severe dizziness lasting more than five minutes
- 11 - unusually severe or different headaches
- 12 - headaches that wake you from sleep
- 13 - headaches associated with vomiting
- 14 - none of the above

HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE PAST TWO MONTHS?

Problems with your eyes:

FOR OFFICE USE

- 15 - pain in your eyes
- 16 - a sudden need for new glasses
- 17 - seeing double
- 18 - loss of part of your vision
- 19 - seeing flashing lights or forms
- 20 - things becoming small
- 21 - none of the above

Problems with your nose:

- 22 - nose bleeds that start by themselves
- 23 - stuffiness in your nose almost every day
- 24 - unusual smells
- 25 - none of the above

Problems with your mouth:

- 26 - soreness in your mouth, lips, gums, or tongue
- 27 - bleeding gums
- 28 - strange tastes from familiar foods
- 29 - none of the above

Problems with your throat:

- 30 - a hoarse voice that did not get better
- 31 - trouble swallowing food
- 32 - none of the above

Problems with your ears:

- 33 - ringing in your ears
- 34 - a sudden change in your hearing
- 35 - trouble understanding or hearing people in crowded or noisy situations
- 36 - none of the above

Unusual lumps:

- 37 - swollen glands in your neck, under your arms, or in your groin
- 38 - lumps in your breasts
- 39 - discharge from your breasts (women); or, increase in breast size (men)
- 40 - none of the above

HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE PAST TWO MONTHS?

Skin problems:

FOR OFFICE USE

- 41 - unusually itchy skin
- 42 - unusually easy bruising
- 43 - skin rashes
- 44 - rapid loss of hair
- 45 - unusual dryness of your skin
- 46 - hair that has become coarse or brittle
- 47 - hair that has become fine and silky
- 48 - skin burning easily with sun exposure
- 49 - a change in skin color or tanning
- 50 - none of the above

Problems in your chest:

- 51 - coughing that would not go away
- 52 - coughing up blood
- 53 - shortness of breath while walking or
upon awakening at night
- 54 - pain in your chest when resting
- 55 - chest pain when you walk fast or uphill
- 56 - very fast or irregular heart beat (palpitations)
- 57 - a lightheaded feeling when you stand up
- 58 - cramps in your legs during walking
- 59 - swelling of your ankles or feet
- 60 - none of the above

Problems with digestion or bowels:

- 61 - persistent heartburn
- 62 - swelling in your abdomen
- 63 - abdominal pain for more than one day
- 64 - a change in your bowel movements
(size, shape or frequency)
- 65 - vomiting for more than one day
- 66 - black or bloody stools
- 67 - getting full quickly while eating
- 68 - none of the above

Trouble with urination:

- 69 - decreased frequency or amount of urination
- 70 - difficulty stopping or starting urination
- 71 - blood or pus in your urine
- 72 - burning when you urinate
- 73 - getting up more than once
each night to urinate
- 74 - loss of control of urine or stool
- 75 - pain or swelling in the testicles
- 76 - none of the above

HAVE YOU HAD ANY OF THESE SYMPTOMS IN THE PAST TWO MONTHS?

Problems with joints or back:

FOR OFFICE USE

- 77 - hot, painful or swollen joints
- 78 - pain in your back that was so bad that
you had to stay in bed
- 79 - none of the above

Exposure to toxic chemicals in the past TWO MONTHS:

- 80 - toxic chemicals/fumes at work
- 81 - toxic chemicals/fumes in your hobbies
- 82 - toxic chemicals/pesticides in your garden
- 83 - radioactive substances (exposure ever)
- 84 - none of the above

Problems with your nervous system:

- 85 - fainting spells
- 86 - a lot of trouble with thinking or
speech for brief periods
- 87 - convulsions or fits
- 88 - weakness in your arms or legs
- 89 - a loss of coordination -
bumping into things frequently
- 90 - numbness or tingling in your body
- 91 - shaking that you could not control
- 92 - difficulty with speaking
- 93 - a change in your handwriting
- 94 - repeated muscle cramps
- 95 - recent head injury
- 96 - none of the above

Habits

- 97 - Smoke cigarettes? Yes No If yes, how many packs/day? _____
- 98 - Drink coffee? Yes No If yes, how many cups/day? _____
- 99 - Drink alcohol? Yes No If yes, how many oz./day? _____
- 100 - Drink wine? Yes No If yes, how many glasses/day? _____
- 101 - Drink beer? Yes No If yes, how many oz./day? _____

-----NEXT QUESTION FOR WOMEN ONLY-----

Problems with menstruation:

- 102 - a sudden change in your menstrual periods
(discomfort, regularity, or amount of flow)
- 103 - bleeding or spotting between your periods
- 104 - excessive bleeding with your periods
- 105 - none of the above

PAST HISTORY

Have you had any of these illnesses?

(Circle the number for any illness that you have had)

- | | |
|---------------------------------|------------------------|
| 106 - Asthma | 118 - Jaundice |
| 107 - Bladder Infection | 119 - Kidney Infection |
| 108 - Cancer | 120 - Kidney Stone |
| 109 - Diabetes | 121 - Liver disease |
| 110 - Emphysema | 122 - Meningitis |
| 111 - Fits/Convulsions/Epilepsy | 123 - Pneumonia |
| 112 - Gallstones | 124 - Rheumatic Fever |
| 113 - Glaucoma | 125 - Syphilis |
| 114 - Gout | 126 - Thyroid disease |
| 115 - Heart Attack | 127 - Tuberculosis |
| 116 - Hepatitis | 128 - Ulcers |
| 117 - High Blood Pressure | 129 - Venereal disease |
| 130 - Others _____ | |

List any diseases that have required hospital treatment

Year

- 131 - _____

List any operations you have had:

Year

- 132 - _____

List any serious injuries you have had:

- 133 - _____

List any serious allergies you have to foods or medicines:

Drug or Food

Describe Reaction

- 134 - _____

If you have a regular physician, what is his or her:

135 - Name: _____
Address: _____
Telephone: _____

Medicines you have taken in the past month

136 - Please check the appropriate boxes below. Include birth control pills, vitamins, and aspirin products if you use them often. Give the strength of prescription drugs if you know it:

Drug or Medicine (Name)	<u>SOURCE</u>		<u>FREQUENCY OF USE</u>		
	Pre- scribed by M.D.	Not pre- scribed. Over the counter	Taken Daily	Taken At Least Once a Week	Taken Less Than Once a Week

FAMILY MEDICAL HISTORY

If a blood relative has had one of the following conditions, circle the number next to that condition:

- | | |
|--|---------------------------|
| 137 - Thyroid Problems | 145 - Tuberculosis |
| 138 - Diabetes | 146 - Porphyria |
| 139 - Seizures or Convulsions | 147 - Alcoholism |
| 140 - Senility or Dementia | 148 - Huntington's Chorea |
| 141 - Schizophrenia (diagnosed by a physician) | |
| 142 - Depression (diagnosed by a physician) | |
| 143 - Mania (diagnosed by a physician) | |
| 144 - Suicide attempts | |

MEDICAL HISTORY CHECKLIST

PATIENT NAME: _____

DATE _____

MEDICAL RECORD NUMBER: _____

INTERVIEWER NAME: _____

PLEASE CHECK "YES" OR "NO" FOR EACH OF THE FOLLOWING CONDITIONS:

	<u>YES</u>	<u>NO</u>
Have you <u>EVER</u> had:		
Fits, Convulsions or Epilepsy	_____	_____
Emphysema	_____	_____
Diabetes	_____	_____
Asthma	_____	_____
High Blood Pressure	_____	_____
Thyroid Disease	_____	_____

PLEASE CHECK "YES" IF ANY OF THE FOLLOWING SYMPTOMS HAS BEEN VERY NOTICEABLE OR WORRISOME TO YOU; OTHERWISE, CHECK "NO."

	<u>YES</u>	<u>NO</u>
In the past <u>TWO MONTHS</u> , have you noticed:		
Blood or pus in your urine	_____	_____
Pain in your chest when resting	_____	_____

In the past <u>TWO MONTHS</u> , have you had:		
Headaches associated with vomiting	_____	_____
Loss of control of urine or stools (bowels)	_____	_____

[Decision: R DNR]

PHYSICAL EXAMINATION RECORD

PATIENT NAME _____
MEDICAL RECORD # _____

DATE _____

VITAL SIGNS:

BP: (Sit) _____ mm Hg PULSE: _____/min. (____reg____Irreg)
TEMP: _____ F°

GENERAL APPEARANCE:

_____ normal
1 abnormal

MOUTH:

_____ normal
20 abnormal

SKIN:

2 cyanosis
3 rash
4 jaundice
5 spider angioma
6 other abnormality:

NECK:

21 thyroid enlarged
22 thyroid bruit
23 thyroid nodule
24 other neck abnormality

HEAD:

_____ normal
7 abnormal:

LYMPH NODES:

_____ normal
25 enlarged
26 abnormal:

EXTRAOCULAR MUSCLES:

_____ normal
8 abnormal:

BREASTS:

_____ normal
27 abnormal:
28 not done

PUPILS:

_____ normal
9 Argyl-Robertson pupil
10 other abnormality:

THORAX:

_____ normal
29 increased AP diameter
30 decreased breath sounds
31 wheezes/prolonged expir.
32 rales $\geq 1/3$ up lung fields
33 other abnormalities:

VISUAL FIELDS:

_____ normal
11 abnormal

EYELIDS:

_____ normal
12 lid lag
13 lid retraction
14 other abnormality:

HEART:

_____ normal
34 abnormal:

SCLERAE:

_____ normal
15 icteric
16 other abnormality:

PERIPHERAL PULSES:

_____ normal
35 abnormal:

FUNDI:

_____ normal
17 abnormal:

ABDOMEN:

_____ normal
36 liver enlarged
37 ascites
38 other abnormalities:

EARS:

_____ normal
18 abnormal:

NOSE:

_____ normal
19 abnormal:

NEUROLOGICAL EXAMINATION**LEVEL OF CONSCIOUSNESS**

_____ normal
43 diminished
44 hypervigilant
45 inattentive
46 other abnormality:

CRANIAL NERVES

_____ all cranial nerves normal
56 CN1 abnormal
57 CN2 abnormal
58 CN3 abnormal
59 CN4 abnormal
60 CN5 abnormal

SENSORY EXAMINATION

_____ vibration sense normal
66 vibration sense decreased
_____ position sense normal
67 position sense decreased
_____ Romberg test normal
68 Romberg test positive

MOTOR SYSTEM

_____ gait normal
69 diminished arm swing
70 broad-based gait
71 spastic gait
72 bizarre gait
73 ataxic gait
74 steppage gait
75 other abnormalities:

EXTREMITIES & JOINTS:

_____ normal
39 tremor
40 clubbing
41 other abnormalities:

SPINE:

_____ normal
42 abnormal:

SPEECH

_____ normal
47 dysarthria
48 delayed answers
49 word-finding difficulty
50 word substitutions
51 disrupted grammar
52 nonsense syllables
53 perseveration
54 loose associations
55 other abnormalities:

61 CN6 abnormal
62 CN7 abnormal
63 CN8 abnormal
64 CN9,10 abnormal
65 CN 12 abnormal

_____ no movement disorder
76 akathisia
77 resting tremor
78 intention tremor
79 tic:
80 bradykinesia
81 asterixis
82 other abnormal involuntary
movements:

_____ normal upper extremity muscle strength
83 symmetric distal weakness
84 asymmetric distal weakness
85 symmetric proximal weakness
86 asymmetric proximal weakness

_____ normal lower extremity muscle strength
87 symmetric distal weakness
88 asymmetric distal weakness
89 symmetric proximal weakness
90 asymmetric proximal weakness

_____ upper extremity deep tendon reflexes
 all 1-2+ & symmetric
91 hyperactive and symmetric
92 hyperactive and asymmetric
93 bilaterally absent
94 unilaterally absent
95 abnormally slow relaxation phase

_____ lower extremity deep tendon reflexes
 all 1-2+ and symmetric
96 hyperactive and symmetric
97 hyperactive and asymmetric
98 bilaterally absent
99 unilaterally absent
100 abnormally slow relaxation phase

_____ no pathologic reflexes
101 symmetric Babinski response
102 asymmetric Babinski response
103 glabellar reflex

_____ no cerebellar signs
104 finger-to-nose abnormal
105 abnormal RRAM
106 abnormal heel-to-shin

MEDICAL RECORD

DEFINED DATA BASE

PART I
PATIENT PROFILE

The information requested on this form is solicited under authority of Title 38, United States Code, "Veterans' Benefits", and will be used to assist the doctors in evaluating your condition and other professionals in their efforts to help you or your family. It will not be used for any other purpose. Disclosure is voluntary. However, failure to furnish the information will result in our inability to promptly serve your needs. Failure to furnish this information will have no adverse effect on any other benefit to which you may be entitled.

INSTRUCTIONS: This form contains general information about the patient which will be collected upon entry to ANY LEVEL OF CARE. DATA OF PART I AND II WILL BE MOVED FORWARD TO CURRENT MEDICAL RECORD UPON READMISSION. Data should be reviewed before each readmission and new data added or corrected by dating the item response. IF MANY CHANGES ARE INVOLVED, A NEW SHEET SHOULD BE PREPARED. Use blank spaces to update data and give specific information. Be sure to use item no. to identify updated data.

A. SOURCE OF INFORMATION

- ☐ 1. PATIENT ☐ 2. RELATIVE ☐ 3. FRIEND ☐ 4. MEDICAL RECORD
☐ 5. OTHER (Specify)

B. NEXT OF KIN (Give relationship, name, address with zip code and phone number)

C. DEMOGRAPHIC DATA

1. RACE

2. MARITAL STATUS

3. RELIGION

- ☐ A. SINGLE ☐ B. MARRIED
☐ C. DIVORCED ☐ D. WIDOWED

4. MILITARY HISTORY

5. LIVING ARRANGEMENTS (Check one box, add comments if appropriate)

6. NO. OF PEOPLE IN HOUSEHOLD

- ☐ A. SPOUSE
☐ B. PARENTS
☐ C. RELATIVES
☐ D. FRIENDS
☐ E. ALONE
☐ F. INSTITUTION
☐ G. OTHER (Specify)

7. EMPLOYMENT (Check one box, complete information if appropriate)

- ☐ A. WORKING _____ HOURS A WEEK ☐ D. STUDENT -
☐ B. SICK LEAVE-PAID ☐ E. RETIRED -
☐ C. UNEMPLOYED-HOW LONG?

DEFINED DATA BASE

PART I

PATIENT PROFILE

MEDICAL RECORD	DEFINED DATA BASE	PART I PATIENT PROFILE
----------------	-------------------	---------------------------

8. HOUSING

- ☐ A. OWN HOME
- ☐ B. RENTED HOME
- ☐ C. APARTMENT
- ☐ D. RENTED ROOM
- ☐ E. MOBILE HOME
- ☐ F. HEALTH FACILITY
(Specify)
- ☐ G. OTHER
(Specify)
- ☐ H. NONE

9. COMMUNITY

- ☐ A. URBAN ☐ B. SUBURBAN ☐ C. RURAL

10. EDUCATION (Highest grade completed)

11. OCCUPATION

12. INCOME (This information is needed to assist the patient and his family during hospitalization and upon discharge. There is no requirement for the patient to answer this question if he does not wish to do so.)

A. PATIENT'S ESTIMATE OF ANNUAL INCOME.

B. APPROXIMATE MONTHLY INCOME FROM FOLLOWING SOURCES (If appropriate)

- ☐ (1) COMPENSATION
- ☐ (2) NSC PENSION
- ☐ (3) A & A OR HOUSEBOUND
- ☐ (4) SOCIAL SECURITY
- ☐ (5) PUBLIC ASSISTANCE
- ☐ OTHER
(6) (Specify)
- ☐ (7) NONE

13. ADDITIONAL DATA

SIGNATURE AND TITLE

DATE

MEDICAL RECORD	DEFINED DATA BASE	PART II PATIENT PROFILE
----------------	-------------------	----------------------------

IMPORTANT: See instructions of Part I - Patient Profile.

A. PREVIOUS ILLNESS AND HOSPITALIZATION (Specify as to illness, injury, operation. Include dates.)

B. SERVICE CONNECTED DISABILITIES (Specify or check none.)

☐ NONE

C. FAMILY MEDICAL HISTORY (For positives, indicate relationship.)

☐ 1. DIABETES

☐ 2. HEART DISEASE

☐ 3. HYPERTENSION

☐ 4. STROKE

☐ 5. KIDNEY DISEASE

☐ 6. CANCER

☐ 7. ARTHRITIS

☐ 8. TUBERCULOSIS

☐ 9. DRUGS

☐ 10. ALCOHOL

☐ 11. EPILEPSY

☐ 12. MENTAL ILLNESS
(Specify)

☐ 13. OTHER

D. MEDICATIONS (State those currently used, dosage, and compliance.)

☐ NONE

E. OTHER DRUGS (State amount and number of years used - when applicable.)

☐ 1. ALCOHOL

☐ 3. DRUGS OTHER THAN THOSE IN "D".

☐ 2. TOBACCO

☐ 4. NONE

F. FOOD AND DRUG REACTIONS INCLUDING ALLERGIES.

DEFINED DATA BASE

PART II

PATIENT PROFILE

MEDICAL RECORD	DEFERRED DATA BASE	PART II PATIENT PROFILE
G. IMMUNIZATIONS (Check appropriate box and give date.)		
1. TETANUS <input type="checkbox"/> YES <input type="checkbox"/> NO	2. POLIO <input type="checkbox"/> YES <input type="checkbox"/> NO	3. OTHER <input type="checkbox"/> YES <input type="checkbox"/> NO
H. DIET		
1. KIND OF DIET FOLLOWED		
2. WHO PREPARES FOOD		
3. PROBLEMS WITH FOOD OR MEALS		
I. PROSTHETIC DEVICES		
<input type="checkbox"/> 1. GLASSES	<input type="checkbox"/> 2. DENTURES	<input type="checkbox"/> 3. HEARING AIDS
<input type="checkbox"/> 4. BRACES/SPLINTS	<input type="checkbox"/> 5. ARTIFICIAL LIMBS	
<input type="checkbox"/> 6. EATING AIDS	<input type="checkbox"/> 7. DRESS AND GROOMING AIDS	<input type="checkbox"/> 8. OTHER (Describe)
<input type="checkbox"/> 9. NONE		
J. HOBBIES/RECREATIONAL INTERESTS/FRIENDSHIPS/OTHER (Specify)		
K. PATIENT'S LIFE STYLE (Describe a typical day-including sleep cycle.)		
L. PATIENT'S CONCERNS (What are they? Specify whether work, money, veteran's benefits, health, diet, family, housing, etc.)		
M. PATIENT'S EXPECTATION OF TREATMENT (If admitted, indicate patient's idea of length of stay, include knowledge of condition and extent of family involvement.)		
SIGNATURE AND TITLE		DATE

MEDICAL RECORD
DEFINED DATA BASE
**PART IV
SYSTEM REVIEW**

INSTRUCTIONS: Check 'yes' or 'no' only when question is asked. Leave blank if question is not asked. Comment specifically if positive symptom. Identify by number. Upon readmission Part IV is moved forward with Parts I, II and VI to current admission record.

A - GENERAL

YES	NO	#	
		1	WEIGHT CHANGE
		2	FEVER OR CHILLS
		3	NIGHT SWEATS
		4	POLYDIPSIA
		5	BLEEDING
		6	LUMPS OR MASSES
		7	VERTIGO
		8	SYNCOPE
		9	PRURITS
		10	RASH
		11	DIABETES MELLITUS
		12	THYROID DISORDERS
		13	CANCER

B - EYE-EAR-NOSE-THROAT

		1	VISUAL CHANGE
		2	DIPLOPIA
		3	EYE PAIN
		4	HEARING LOSS
		5	TINNITUS
		6	EAR DISCHARGE
		7	EPISTAXIS
		8	OBSTRUCTION
		9	TEETH- DENTURES
		10	BLEEDING GUMS
		11	HOARSENESS

C - BREASTS

		1	LUMPS
		2	PAIN OR TENDERNESS
		3	NIPPLE DISCHARGE

D - MUSCULO SKELETAL

		1	BACKACHE
		2	JOINT PAIN
		3	STIFFNESS
		4	JOINT SWELLING
		5	MUSCLE WEAKNESS

(Continue on reverse)

DEFINED DATA BASE
PART IV
SYSTEM REVIEW

MEDICAL RECORD			DEFINED DATA BASE	PART IV SYSTEM REVIEW
----------------	--	--	-------------------	--------------------------

YES	NO		E - RESPIRATORY
		1	COUGH
		2	SPUTUM
		3	RHEUMATIC FEVER
		4	PLEURISY
		5	PNEUMONIA
		6	TUBERCULOSIS
		7	SHORTNESS OF BREATH
		8	WHEEZING
		9	ASTHMA
		10	PULMONARY EMBOLUS

			F - CARDIO VASCULAR
		1	HEART DISEASE
		2	HYPERTENSION
		3	RHEUMATIC FEVER
		4	CHEST PAIN/DISCOMFORT
		5	SHORTNESS OF BREATH
		6	PAROXYSMAL NOCTURNAL DYSPNEA
		7	PALPITATIONS
		8	MURMURS
		9	EDEMA
		10	CLAUDICATION
		11	THROMBOPHLEBITIS

YES	NO	#	G-GASTROINTESTINAL
		1	DYSPHAGIA
		2	HEARTBURN
		3	NAUSEA & VOMITING
		4	HEMATEMESIS
		5	MELENA
		6	ABDOMINAL PAIN
		7	JAUNDICE
		8	FOOD INTOLERANCE
		9	CHANGE BOWEL HABIT
		10	HEPATITIS
		11	PEPTIC ULCER
		12	PANCREATITIS

YES	NO	#	H-GENITO URINARY
		1	FREQUENCY
		2	NOCTURIA
		3	DYSURIA
		4	INCONTINENCE
		5	DRIBBLING
		6	POLYURIA
		7	URINARY INFECTION
		8	STONES
		9	VENEREAL DISEASE
		10	DISCHARGE
		11	IMPOTENCE
		12	ABNORMAL MENSES
		13	VAGINAL DISCHARGE
		14	MENORRHAGIA
		15	METRRORRHAGIA
		16	DYSPAREUNIA
		17	MENOPAUSE
		18	CONTRACEPTION
		19	PELVIC PAIN

LAST MENSTRUAL PERIOD	GRAVIDA/PARA/ABORTION	LAST PAPANICOLAOU SMEAR
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MEDICAL RECORD	DEFINED DATA BASE	PART IV SYSTEM REVIEW
-----------------------	--------------------------	----------------------------------

YES	NO	#	I-NEUROLOGIC
		1	SEIZURES
		2	LOSS OF CONSCIOUSNESS
		3	PARALYSIS
		4	SENSORY CHANGE
		5	TREMOR
		6	GAIT DISTURBANCE
		7	HEADACHE

YES	NO	#	J-PSYCHIATRIC
		1	MEMORY CHANGE
		2	TROUBLE WITH DECISIONS
		3	SLEEP DISTURBANCE
		4	CRYING SPELLS
		5	THOUGHTS OF SUICIDE
		6	DIFFICULTY WITH WORK
		7	FATIGUE
		8	LOSS OF APPETITE
		9	TROUBLE WITH SEX LIFE
		10	SOCIAL WITHDRAWAL
		11	HALLUCINATIONS
		12	IMPROBABLE BELIEFS
		13	ANXIETY
		14	DEPRESSION

SIGNATURE AND TITLE	DATE
---------------------	------

MEDICAL RECORD

DEFINED DATA BASE

PART V
PHYSICAL EXAMINATION

RIGHT	PRESENT WEIGHT	IDEAL WEIGHT	TEMPERATURE	PULSE	BLOOD PRESSURE	RESPIRATION
-------	----------------	--------------	-------------	-------	----------------	-------------

GENERAL APPEARANCE

A - SKIN

1. TURGOR
2. LESIONS
3. HAIR
4. NAILS

HEAD

B - HEAD-EYES-EARS-NOSE-THROAT

1. SKULL
2. SCALP
3. VISION (*Specify test used*)
4. EXTRAOCULAR MOVEMENTS
5. EYELIDS
6. CONJUNCTIVAE
7. CORNEA
8. SCLERA
9. LENS
10. PUPILS
- FUNDI

12. AUDITORY ACUITY (*Specify test used*)
- EXTERNAL EAR
- CANALS, DRUM

NOSE

15. EXTERNAL
16. MUCOSA
17. SEPTUM
18. TURBINATES

MOUTH-THROAT

19. LIPS
20. BREATH
21. TEETH, GUMS
22. TONGUE
23. MUCOSA
24. TONSILS
25. PHARYNX
26. SPEECH
27. SALIVARY GLANDS

(CONTINUE ON REVERSE)

DEFINED DATA BASE
PART V
PHYSICAL EXAMINATION

MEDICAL RECORD

DEFINED DATA BASE

PART V
PHYSICAL EXAMINATION

C - NECK

1. RANGE OF MOTION
2. APPEARANCE
3. TRACHEA
4. THYROID
5. MASSES

D - BREASTS

1. MASSES
2. NIPPLES

E - NODES

1. CERVICAL
2. AXILLARY
3. INGUINAL

F - CHEST

1. CONFIGURATION OF THORAX
2. RESPIRATORY MOVEMENTS
3. PERCUSSION
4. INSPIRATORY BREATH SOUNDS
5. EXPIRATORY BREATH SOUNDS

G - VASCULAR (Diagram when applicable)

1. CAROTID PULSE
2. RADIAL PULSE
- FEMORAL PULSE
- POPLITEAL PULSE
5. POSTERIOR TIBIAL PULSE
6. DORSAL PEDAL PULSE
7. NECK VEINS
8. PERIPHERAL VEINS

R	L

H - HEART (Diagram sounds, murmurs, gallops)

1. IMPULSE
2. PALPATION
3. RHYTHM
4. AUSCULTATION

MEDICAL RECORD

DEFINED DATA BASE

PART V
PHYSICAL EXAMINATION

I - ABDOMEN

1. ABDOMINAL WALL
2. DISTENTION
3. TENDERNESS
4. LIVER
5. SPLEEN
6. KIDNEYS
7. OTHER MASSES
8. BOWEL SOUNDS
9. VENTRAL HERNIA

J - RECTAL

1. ANUS AND SPHINCTER
2. RECTUM
3. PROSTATE
4. TEST FOR OCCULT BLOOD

MALE

K - GENITALIA

1. PENIS AND URETHRA
2. SCROTUM
3. TESTES
4. EPIDIDYMIS
5. INGUINAL CANAL

FEMALE

6. EXTERNAL GENITALIA
7. URETHRA
8. VAGINA
9. CERVIX
10. UTERUS
11. ADNEXA

UPPER

L - EXTREMITIES

LOWER

1. MUSCLES
2. JOINTS
3. EDEMA
4. AMBULATION
5. COORDINATION
6. AMPUTATION, DEFORMITIES

M - SPINE

1. CONFIGURATION
2. MOBILITY
3. TENDERNESS

(Continue on reverse)

N - NEUROLOGICAL

1. CRANIAL NERVES
2. GAIT
3. BICEPS REFLEX
4. TRICEPS REFLEX
5. PATELLAR REFLEX
6. ACHILLES REFLEX
7. PLANTAR RESPONSE
8. PERIPHERAL NERVES
9. SENSORY

R	L

10 - 4 - 1

O - MENTAL STATUS

1. ORIENTATION
2. MEMORY
3. MOOD
4. UNCONSCIOUSNESS

SIGNATURE AND TITLE

DATES

MEDICAL RECORD

**ORAL MAXILLOFACIAL
DEFINED DATA BASE**

**PART VI
HISTORY**

INSTRUCTION: To be completed by a dentist. Upon readmission Part VI is moved forward with Parts I, II, and IV to current admission records.

A. CHIEF COMPLAINT

B. HISTORY OF PRESENT ILLNESS

C. PAST HISTORY - Check yes or no only to those questions asked. Check nothing if question not asked. Use area at right to comment specifically regarding past history.

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. FACIAL INJURIES
<input type="checkbox"/>	<input type="checkbox"/>	2. DENTAL TREATMENT
<input type="checkbox"/>	<input type="checkbox"/>	3. SWELLINGS OR INFECTIONS
<input type="checkbox"/>	<input type="checkbox"/>	4. NUMBNESS OR BURNING SENSATION
<input type="checkbox"/>	<input type="checkbox"/>	5. BLEEDING PROBLEMS
<input type="checkbox"/>	<input type="checkbox"/>	6. CHEWING OR SWALLOWING DIFFICULTY
<input type="checkbox"/>	<input type="checkbox"/>	7. DENTURES (Removable)
<input type="checkbox"/>	<input type="checkbox"/>	8. LOCAL ANESTHESIA (Problem)
<input type="checkbox"/>	<input type="checkbox"/>	9. ALLERGIES
<input type="checkbox"/>	<input type="checkbox"/>	10. BIOPSY
<input type="checkbox"/>	<input type="checkbox"/>	11. SURGICAL PROCEDURES
<input type="checkbox"/>	<input type="checkbox"/>	12. CANCER-TREATED

ORAL MAXILLOFACIAL

DEFINED DATA BASE

PART VI

MEDICAL RECORD	ORAL MAXILLOFACIAL DEFINED DATA BASE/INITIAL ASSESSMENT AND PLANS	PART VI
Use problem number, title, and separate headings for (1.) Assessment, (2.) Plans: DX 'Diagnostic', RX 'Therapeutic', Pt. Ed. 'Patient Education'. DO NOT abbreviate problem titles. Continue on reverse if necessary.		

(SIGNATURE OF EXAMINING DENTIST)		(DATE)
1. IS PATIENT PHYSICALLY ABLE TO HAVE THE INDICATED DENTAL TREATMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	2. ESTIMATED HOSPITAL STAY REMAINING.	
(SIGNATURE OF PHYSICIAN)		(DATE)

MEDICAL HISTORY RECORD

All information is treated as confidential unless you grant permission to release it. Please print and complete all information.

Social Security No.		Medicare No.		Medicaid No.		Today's Date		Birthdate		Male <input type="checkbox"/> Female <input type="checkbox"/>	
Last Name			First		Middle		Daytime Phone		Home Phone		
Address			City		State		Zip		Mental Status		Occupation
Person to notify in emergency				Daytime Phone		Relationship				Last Physical Examination	
By Doctor				Phone		Family or Referring Doctor				Phone No.	
May I Contact Either of These Doctors For Your Past Health Records?				Yes <input type="checkbox"/> No <input type="checkbox"/>		What are your present medical symptoms?					

Family History	IF LIVING				IF DECEASED		Any blood relatives who have or have had any of the listed condition								
	HEALTH				Death Age	Death Cause	✓ Yes No Relationship				✓ Yes No Relationship				
	Age	Good	Fair	Poor											
Father							Asthma					Hay Fever			
Mother							Arthritis					Insanity			
Brothers (Circle Sex)							Allergies					Kidney Disease			
1. M F							Anemia					Leukemia			
2. M F							Alcoholism					Migraine			
3. M F							Bleeding Tend.					Nervous Break n			
4. M F							Cancer					Obesity			
5. M F							Colitis					Rheumatism			
Husband <input type="checkbox"/> Wife <input type="checkbox"/>							Congenital Heart					Rheumatic Fever			
Sons (Circle Sex)							Diabetes					Stroke			
1. M F							Emphysema					Suicide			
2. M F							Goiter					Stomach Ulcers			
M F							High Bl. Press.					Tuberculosis			
4. M F							Heart Disease								
5. M F															
6. M F															

HABITS				MEDICATIONS								
Do you	✓ Yes	No	Daily Consumption:	✓ If Taken	✓ Blood Thinning Pills	✓ Iron or Poor Blood Med	✓ Vitamins					
Smoke	<input type="checkbox"/>	<input type="checkbox"/>	Pkgs.	Antacids	<input type="checkbox"/>	Comsone	<input type="checkbox"/>	Water Pills				
Drink Coffee	<input type="checkbox"/>	<input type="checkbox"/>	Cups	Antibiotics	<input type="checkbox"/>	Cough Medicine	<input type="checkbox"/>	Phenobarbital				
Drink Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	oz.	Aspirin, Bufferin, Anacin	<input type="checkbox"/>	Digitalis	<input type="checkbox"/>	Shots				
Drink Beer	<input type="checkbox"/>	<input type="checkbox"/>	oz.	Barbiturates	<input type="checkbox"/>	Dilantin	<input type="checkbox"/>	Sleeping Pills				
Fall Asleep Easily	<input type="checkbox"/>	<input type="checkbox"/>		Birth Control Pills	<input type="checkbox"/>	Hormones	<input type="checkbox"/>	Thyroid Med.				
Awaken Early	<input type="checkbox"/>	<input type="checkbox"/>		Blood Pressure Pills	<input type="checkbox"/>	Insulin, Diabetic Pills	<input type="checkbox"/>	Tranquilizers				

Operations you have had:	Year	Diseases you have had requiring hospitalization	Year	Serious illness not requiring hospitalization	Year

Drugs you are allergic to:	Describe any serious injuries or accidents you have had

WOMEN only:		✓ Yes	No
Are you still having regular monthly menstrual periods?		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had bleeding between your periods?		<input type="checkbox"/>	<input type="checkbox"/>
Do you have very heavy bleeding with your periods?		<input type="checkbox"/>	<input type="checkbox"/>
Do you feel bloated and irritable before your period?		<input type="checkbox"/>	<input type="checkbox"/>
Are you now on or have you ever taken the birth control pill?		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a miscarriage?		<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a discharge from the nipple of your breast?		<input type="checkbox"/>	<input type="checkbox"/>
Do you regularly have the cancer test of the cervix?		<input type="checkbox"/>	<input type="checkbox"/>
How many children born alive			
How many stillbirths			
How many premature births			
Date of last menstrual period			
How many miscarriages			
How many cesarean operations			
Any complication of pregnancy? (explain)			

MEN only: Have you ever had:		✓ Yes	No
Loss of sexual activity? For how long?		<input type="checkbox"/>	<input type="checkbox"/>
Treatment for genitals (private parts)?		<input type="checkbox"/>	<input type="checkbox"/>
Discharge from penis?		<input type="checkbox"/>	<input type="checkbox"/>
Hernia (rupture)?		<input type="checkbox"/>	<input type="checkbox"/>
Prostate trouble?		<input type="checkbox"/>	<input type="checkbox"/>

STUDY OF SYSTEMS

Check (✓) either yes or no for each item except where applies to only male or female

Conditions		Yes	No	Conditions		Yes	No	Conditions		Yes	No
GENERAL	Fever			NERVOUS	Stiffness			PSYCHOLOGICAL	Is Your Life:		
	Chills				Swelling				Satisfactory		
	Bruise Easily				Lumps				Boring		
	Swollen Glands				Other*				Demanding		
	Loss of Memory			GASTROINTESTINAL	Appetite Poor				Unsatisfactory		
	General Weakness				Indigestion/Heartburn				Is There Worry Over:		
	Aches/Pains				Nausea				Home Life		
Double Vision			Vomiting Blood				Marriage				
Light Flashes			Abdominal Pain or Cramps				Job				
Blurred Vision w/o Glasses			Abdominal Tension				Children				
Halos Around Lights			Diarrhea				Money				
Eye Pains			Constipation				Do You:				
Ear Pains			Bowel Habit Changes				Often Feel Depressed				
Ear Drainage			Rectum Blood Passage				Have Irrational Fears				
Buzzing/Ringing in Ears			Black Tar-Type Bowel Movements			Feel Upset					
Nosebleeds			Other*			Feel Things Often Go Wrong					
Sinus Problems						Feel Shy					
Swallowing Problems			Up Nights to Urinate			Cry Easily					
Deafness			Blood in Urine			Feel Inferior					
Mouth, Tooth or Tongue Problems			Burning or Pain While Urinating			Have You:					
Persistent Hoarseness			Problem Passing Urine			Attempted Suicide					
Severe Headaches			Trouble Controlling Urine			Seriously Considered Suicide					
Other*			Other*								
SKIN	Rash			NEUROMUSCULAR	Leg or Arm Weakness			GENITAL	Lump in Testicles		
	Changing Moles				Balance Problems				Penis Discharge		
	Pigmentation				Dizziness				Breast Lump		
	Other Skin Problems*				Fainting Spells				Sore on Penis		
Irregular Heartbeat			Speech Problems			Erection Difficulties					
Shortness of Breath			Other*			Other*					
Low Exercise Tolerance			BONES & JOINTS	Joint Pains			Breast Lump				
Heart Flutters				Joint Swelling			Nipple Discharge				
Chest Pains				Muscle Strength Loss			Vaginal Discharge				
Frequent Coughs				Muscle Lump or Swelling			Non-Period Bleeding/Spotting				
Cough up of Blood			Lump on Bone			Hot Flashes					
Wheezing			Pains in Back			Pain with Intercourse					
Night Sweats			Other*			Possibly Pregnant					
Swollen Ankles			ENDOCRINE	Constant Thirst			Change in Periods				
Cramps in Legs				Most Always Cold			Pain Other Than With Periods				
Other*				Too Warm Most Times			Other*				
				Very Sluggish or Tired							
			Jumpy/Nervous								

Explain Other*

Doctor's Use Only — Summary

[illegible]

FAMILY AND PERSONAL HEALTH HISTORY

Note: Please complete all information on this record. All information is treated in confidence and will not be released unless you grant permission.

Name _____ Age _____ Birthdate _____ Today's Date _____

Occupation _____ Last Physical Examination Date _____ Daytime Phone _____

FAMILY RECORD												OPERATIONS		✓	✓	Date
Check (✓) condition(s) and relationship of any blood relative who has or has had any of the conditions listed below.		Y	N	F	M	B	S	S	S	S	S		Yes	No		
Alcoholism																
Allergies																
Anemia																
Arthritis																
Asthma																
Birth Defects																
Bleeding Tendency																
Cancer, tumor																
Colitis																
Congenital Heart																
Diabetes																
Emphysema																
Epilepsy																
Glaucoma																
Goiter																
Hay Fever																
Heart Attack																
Heart Disease																
High Blood Pressure																
Kidney Disease																
Leukemia																
Liver Disease																
Mental Illness																
Migraine																
Nervous Breakdown																
Obesity																
Rheumatism																
Rheumatic Fever																
Sickle-Cell Anemia																
Stomach Ulcer																
Stroke																
Suicide																
Tuberculosis																
FAMILY MEMBERS																
Living Deceased																
Cause of Death																
Father																
Mother																
Brother(s)																
Sister(s)																
Tonsils																
Appendix																
Gall Bladder																
Stomach																
Kidney																
Colon																
Thyroid																
Hernia																
Breast (women)																
Uterus (women)																
Ovaries (women)																
Prostate (men)																
Other - If yes, what:																
Do you: If yes, daily consumption																
Smoke Pkgs.																
Drink Coffee Cups																
Beer ozs.																
Hard Liquor ozs.																
IMMUNIZATIONS																
Pneumonia Vaccine																
Tetanus																
Booster																
Measles																
Influenza																
Garden Measles/Mumps																
Other - If yes, what:																
X-RAYS																
When was last mammogram?																
Back																
Chest																
Colon																
Extremities																
Gall Bladder																
Kidney																
Stomach																
Treatments																
Other - If yes, what:																
Doctor's Use Only — Summary																

PAST AND PRESENT MEDICAL PROBLEMS

Check (✓) all items either yes or no and give approximate date if past.	No	Yes Now	Yes Past	If Past Date	Check (✓) all items either yes or no and give approximate date if past.	No	Yes Now	Yes Past	If Past Date
Asthma					Skin Disease				
Abnormal Electrocardiogram					Serious Depression				
Angina					Serious Emotional Problems				
Anemia (Type)					Tuberculosis				
Arthritis					Thyroid (overactive)				
Blindness Either Eye					Thyroid (underactive)				
Broken Bones					Varicose Veins				
Cataracts					Men				
Chronic Bronchitis / Chronic Lung Disease					Prostate Problems				
Cirrhosis of Liver					Women				
Colon or Bowel Trouble					Menstrual Difficulties				
Deafness					Cystitis				
Dysentery					Mastitis				
Diabetes					Ovarian Cyst				
Ear Infections					Breast Cancer				
Emphysema					Other Breast Disease*				
Enlarged Heart					Other Gynecological Problems*				
Glaucoma					Still Menstruating				
Gall Stones					Age Periods Started				
Gout					Age Periods Stopped				
Goiter					Why Periods Stopped				
Gonorrhea					Number of Pregnancies				
Hay Fever					Number of Children				
Heart Murmur as Adult					Number of Miscarriages				
Heart Attack					*Explain:				
High Blood Pressure									
Hepatitis									
Hemorrhoids									
Kidney Infection					Hospitalizations/Reason				Date
Kidney Stones									
Nervous Breakdown									
Poor Blood Clotting									
Polio					Do you wear artificial devices?		yes	no	
Phlebitis					Please list				
Rheumatic Fever									
Rectal Trouble									
Recurrent Boils					Do you have allergies?		yes	no	
Stroke					Please list				
Stomach or Duodenal Ulcer									
Syphilis									

Doctor's Use Only — Summary

PART A

KAISER-PERMANENTE MEDICAL CENTER

THIS FORM IS TO HELP YOUR DOCTOR GIVE YOU BETTER HEALTH CARE. THE INFORMATION IS
CONFIDENTIAL IT WILL BE PART OF YOUR MEDICAL RECORD.

MR. _____

1. NAME _____				
2. HOME ADDRESS _____				
3. CITY _____		4. HOME TELEPHONE NUMBER _____		5. BUSINESS TELEPHONE NUMBER _____
6. OCCUPATION _____		7. AGE _____	8. HEIGHT _____	9. WEIGHT _____
10. DATE OF BIRTH _____				IMPRINT AREA

PAST MEDICAL HISTORY

11. HAVE YOU RECENTLY ENROLLED IN KAISER? ☐ YES ☐ NO
12. DO YOU HAVE A REGULAR PHYSICIAN AT KAISER - SANTA CLARA? ☐ YES ☐ NO
13. WHEN WAS YOUR LAST COMPLETE PHYSICAL OR MULTIPHASIC EXAM? ☐ 1-2 years ago ☐ 3-4 years
☐ 5 years or more
14. HOSPITALIZATIONS AND OPERATIONS:

Year	Reason for Hospitalization
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____
E. _____	_____

15. ILLNESSES: (Check which apply and add year of illness.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Asbestos Exposure _____ | <input type="checkbox"/> Hepatitis _____ | <input type="checkbox"/> Radiation to head & neck _____ |
| <input type="checkbox"/> Asthma _____ | <input type="checkbox"/> Jaundice _____ | <input type="checkbox"/> Rheumatic Fever _____ |
| <input type="checkbox"/> Blackouts _____ | <input type="checkbox"/> Kidney Infection _____ | <input type="checkbox"/> Seizures _____ |
| <input type="checkbox"/> Bladder Infection _____ | <input type="checkbox"/> Kidney Stone _____ | <input type="checkbox"/> Spleen Removal _____ |
| <input type="checkbox"/> Cancer _____ | <input type="checkbox"/> Heart Attack _____ | <input type="checkbox"/> Stroke _____ |
| <input type="checkbox"/> Chickenpox _____ | <input type="checkbox"/> High Blood Pressure _____ | <input type="checkbox"/> Syphilis _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Malaria _____ | <input type="checkbox"/> Thyroid Disease _____ |
| <input type="checkbox"/> Emphysema _____ | <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Tuberculosis _____ |
| <input type="checkbox"/> Fractures _____ | <input type="checkbox"/> German Measles _____ | <input type="checkbox"/> Ulcers _____ |
| <input type="checkbox"/> Gallstones _____ | <input type="checkbox"/> Mononucleosis _____ | <input type="checkbox"/> Undescended Testicle _____ |
| <input type="checkbox"/> Glaucoma _____ | <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Venereal Disease _____ |
| <input type="checkbox"/> Gout _____ | <input type="checkbox"/> Pneumonia _____ | <input type="checkbox"/> Other _____ |

16. IMMUNIZATIONS:

- A. If you are under 35 years of age, have you ever had a positive skin test for Tuberculosis? ☐ YES ☐ NO
- B. When was your last Tuberculin Test? ☐ less than 5 years ago ☐ more than 5 years ago ☐ do not know
- C. When was your last Tetanus shot? ☐ less than 10 years ago ☐ more than 10 years ago ☐ do not know

17. LIST ALL KNOWN ALLERGIES TO DRUGS: (If none, please write none.)

Name of Drug	Describe reaction
A. _____	_____
B. _____	_____
C. _____	_____
D. _____	_____

18. MEDICINES: Include Birth Control pills, vitamins, and aspirin products if used often. Give the strength of prescription drugs if known.

- | | |
|----------|----------|
| A. _____ | D. _____ |
| B. _____ | E. _____ |
| C. _____ | F. _____ |

IF ANY BLOOD RELATIVES HAVE
HAD ANY OF THESE
CONDITIONS, PLEASE CHECK
VHO?

- Alcoholism
Arthritis
Asthma, hayfever
Cancer
Which part of body?

Cancer of Colon
Diabetes
Emphysema
Epilepsy
Gallstones
Glaucoma
Heart Attack
Heart Attack before
age 45
Other heart conditions
Kidney Disease
(nephritis)
Leukemia
Liver
Sickle cell anemia
Stomach ulcers
Stroke before age 45
Suicide or mental illness
Thyroid disease
Tuberculosis

[illegible]

	Age if Living	Age at Death	Cause of Death
Father	_____	_____	_____
Mother	_____	_____	_____

How many have you had? _____

If any are deceased, give age and cause of death:

Age	Cause of Death
-----	----------------

☐ Do not know my family history.

A. _____

B. _____

C. _____

D. _____

E. _____

☐ Married ☐ Divorced ☐ Re-married ☐ Single ☐ Widow ☐ Widower ☐ Separated ☐ Unhappy marriage

	Present Occupation	Past Occupation
A. You:	_____	_____
	_____	_____
B. Spouse:	_____	_____
	_____	_____

26. DO YOU SMOKE CIGARETTES? ☐ YES ☐ NO If yes, how many packs/day? _____
27. WHEN WAS YOUR LAST CHEST X-RAY? ☐ less than 3 years ☐ less than 5 years ☐ do not know
28. ALCOHOLIC DRINKS: ☐ never ☐ frequent ☐ daily ☐ infrequent
29. DID YOUR MOTHER TAKE DES WHEN SHE WAS PREGNANT WITH YOU? ☐ YES ☐ NO ☐ do not know
30. SOURCES OF TENSION AND WORRIES: (Circle) _____ job wife husband finances relatives
fellow employees drugs alcohol religion other _____

A. Has your mother or sister had breast cancer before the age of 50? ☐ YES ☐ NO
B. Do you come regularly to Kaiser for a PAP Smear Test? ☐ YES ☐ NO
C. Was your last PAP Smear Test more than 1 year ago? ☐ YES ☐ NO

GUIDELINES	Date of Report: Date Dictated: Date Typed:
<ol style="list-style-type: none">1. Identification data (age, sex, home county, reason for commitment)2. Current physical illnesses and treatment, if any (include onset, course and response to treatment)3. Past medical illnesses and treatments (include allergies, operations serious injuries)4. Family health history re medical illness5. Travel, occupational history (include as relevant to medical history)6. Substance use/abuse (over-the-counter, street, alcohol, tobacco, high caffeine products)7. Major findings from Review of Systems.8. Major findings from Physical Examination9. Somatic diagnoses10. Recommendations/ Plan11. Signature, title	<div data-bbox="1377 1696 1523 1724" style="text-align: right;"><input type="checkbox"/> Continued</div>

p 1

MEDICAL HISTORY AND REVIEW OF SYSTEMS

☐ Admission ☐ Annual ☐ Other

Confidential Client/Patient Information
See W & I Code Section 5328

Date of Examination: _____

Instructions: All categories must be completed in narrative with pertinent normal or abnormal findings included.

Date Dictated: _____

Date Typed: _____

CATEGORY	COMMENTS
A. GENERAL Appetite or weight change Chills, fever, night sweats Vertigo, Syncope Sleep disturbance Prone to infection Rapid loss of hair Fatigue Other	
B. EENT Visual: change, diplopia, photophobia, fields Hearing: Loss, tinnitus, discharge Nose: Epistaxis, discharge, polyps Teeth, dentures Bleeding gums, cheilosis Frequent sore throats, hoarseness, redness Smell, taste Other	
C. RESPIRATORY Shortness of breath, wheezing Frequent colds, cough Dyspnea on exertion Hemoptysis Cyanosis Other	
D. CARDIOVASCULAR Chest pains, other discomfort Orthopnea Hyper-, Hypotension Palpitations, tachycardia Murmurs Claudication Edema Varicosities Other	
E. GASTROINTESTINAL Jaundice Dysphagia, heartburn Nausea, vomiting abdominal pain Food intolerance Hematemesis, melena Food intolerance Hematemesis, melena Bowel habits, change Hemorrhoids, rectal bleeding Other	
(Continued on reverse side)	

MEDICAL HISTORY & REVIEW OF SYSTEMS
☐ Admission ☐ Annual ☐ Other

 Confidential Client/Patient Information
 See Welfare & Institutions Code Section 5328

CATEGORY	COMMENTS
F. GENITOURINARY & GYNECOLOGICAL Frequency, nocturia, dysuria, pyuria, hematuria, retention Incontinence, dribbling Impotence, ejaculation problem Prostate Fertility, Birth Control Abnormal menses, menopause Dyspareunia Genitalia Venereal Disease Sexual dysfunction Masses, drainage, discharge Hernia, hydrocele Pelvic pain Other	
G. MUSCULOSKELETAL Joint pain, stiffness, swelling Muscle Weakness Deformities Tenderness Other	
H. NEUROLOGICAL Personality changes Stroke Parathesia Paralysis Balance, coordination Headache Seizures, loss consciousness Tremor, rigidity, restlessness Other involuntary movements Other	
I. INTEGUMENTARY Pruritis, rash Dryness, eruptions Nodules, lumps Other	
J. ENDOCRINOLOGICAL Polydipsia Heat or cold intolerance High, low blood sugar Polyuria Other	
K. HEMATOLOGICAL Anemia Lumps Bleeding, Clotting Prone to infection Other	

M.D. Signature

Date

MEDICAL HISTORY & REVIEW OF SYSTEMS
☐ Admission ☐ Annual ☐ Other

Confidential Client/Patient Information
 See Welfare & Institutions Code Section 5328

		<u>REFLEXES</u>	<u>R</u>	<u>L</u>
NORMAL	2+	Biceps	_____	_____
INCREASED	3+	Triceps	_____	_____
DECREASED	1+	Patellar	_____	_____
ABSENT	0	Achilles	_____	_____
(Underline if reinforced)		Plantar	_____	_____
		Ankle Clonus?	Present/Absent	
ROMBERG		GAIT AND STATION		
		OTHER FINDINGS		

ABNORMAL INVOLUNTARY MOVEMENT SCALE

INSTRUCTIONS:

Insure mouth is empty (e.g., no gum, candy, etc.)
 Inquire as to current tooth &/or denture discomfort.
 While patient is using paper & pencil, (or during other activation procedure) observe for spontaneous tongue movements, choreoathetoid face & lower extremity (LE) movements.
 While patient is walking, observe for choreoathetoid upper extremity (UE) movements.
 Observe tongue resting on floor of open mouth ("In").
 Observe tongue protruded ("Out").

<u>FREQUENCY</u> (numerator)		<u>INTENSITY</u> (denominator)
0 = Absent	/	None = 0
1 = Rare	/	Minimal = 1
2 = Occasional	/	Mild = 2
3 = Frequent	/	Moderate = 3
4 = Continuous	/	Marked = 4

$\frac{1}{4}$ Example: frequency Rare/intensity Marked

<u>DATE</u>	<u>T O N G U E</u>		<u>CHOREOATHETOID MOVEMENTS</u>			<u>PARKINSONISM</u>	<u>OTHER</u>	<u>SIGNATURE AND TITLE</u>
	Spontaneous		purposeless irregular			Tremor:	Akathisia; Bradykinesia; Dystonic posture; Drooling Truncal Movements, Etc.	
	In	Out	Face	UE	LE	(regular, rhythmic) ↓ Rigidity		

CONCLUSIONS/DIAGNOSTIC IMPRESSIONS

RECOMMENDATIONS/PLANS

Examining Physician Signature

Title

Unit

PHYSICAL EXAMINATION

☐ Admission ☐ Annual
☐ Other _____

Confidential Client/Patient Information
 See "Care & Institutions Code Section 5328"

GUIDELINES	Date of Report: Date of Dictation: Date Typed:
History of present physical illness and presenting problems	
2. Past medical and medication history	
3. Allergies	
4. Family health history	
5. Review of systems (record both positive and negative)	
a. Integumentary system	
b. head, ears, eyes, nose, throat	
c. respiratory	
d. cardiovascular	
e. gastrointestinal	
f. genitourinary	
g. musculoskeletal	
h. neurological	
i. endocrinological	
j. gynecological	
k. hematological-lymphatic	
6. Recommendations and provisional diagnosis	
7. Signature	

☐ Continued

Evaluation Report
MEDICAL HISTORY AND REVIEW OF SYSTEMS

ER

INSTRUCTIONS: 1) Wherever possible indicate relative "degree" or amount.
2) For unusual findings use additional pages as necessary.

Height _____ Weight _____ Age _____

General Observation _____

Build, development, nutrition, evidence of injury

Activity, cooperation, responsiveness

Skin _____

Cyanosis, bruises, scars, jaundice, moisture, color, eruptions, hair distribution

Head _____ Facies _____

Shape, symmetry, tenderness, bruit, circumference

Symmetry, expression

Scalp _____

Bruises, alopecia, condition of hair, scars

Ears* _____ Nose _____

Anomalies, discharge, otitis, drums, acuity

Obstruction, perforation, discharge

Eyes* _____

Lids, arcus, conjunctivae, exophthalmos, edema, acuity

Mouth _____

Breath, teeth, gums, pharynx, tongue, mucosa, sores, vault

Throat _____

Palate, tonsils, pharynx, exudate

Neck _____

Pulsation, thyroid, lymph glands, scars

Chest _____

Shape, symmetry, deformity, dyspnea, rosary, lag, retraction, pulsations

Breasts _____

Scars, masses, tenderness

Lungs _____

Fremitus, dullness, flatness, breath sounds, rales, rubs, cough

Heart _____

Thrill, cardiac shock, apex beat, arrhythmia, boundaries, shift, murmurs, transmissions

Distribution, radiation, bruit, accentuation, reduplication

Vascular System _____

Vessel walls

Pulse _____ Blood Pressure _____

Equality, rhythm, synchrony, rate, walls, capillary pulsation

Systolic, diastolic

Abdomen _____

Shape, symmetry, distension, scars, striae, tympany masses, spasm

Tenderness, fluid, hernia, varices, organs felt, boundaries

Genitalia _____

Scars, discharge epididymis, hydrocele, varicocele, tenderness

Spine _____

Kyphosis, lordosis, scoliosis, rigidity, tenderness

*See Hearing and Visual Screening, also.

(CONTINUE ON REVERSE SIDE)

PHYSICAL EXAMINATION

Confidential
Client Information
See W&I Code, Sections 4514 and 5328

Rectum _____

Extremities _____

Joints, Bones _____

Lymphatic System _____

NERVOUS SYSTEM (for detailed neurological examination, use form DS 5513):

Muscles: Strength _____ Tone _____

Coordination _____ Atrophy _____

Babinski _____ Gait _____ Romberg _____

Abnormal Movement _____

Deep Tendon Reflexes _____

Superficial Reflexes _____

Sensations _____

Cranial Nerves _____

HEARING AND
VISUAL SCREENING: Hearing: ☐ Can hear without difficulty ☐ Hearing impaired ☐ Needs hearing acuity/audiometric evaluation
 Vision: ☐ Can see without difficulty ☐ Visual impairment ☐ Needs visual acuity/ophthalmology examination

GENERAL SUMMARY: _____

IMPRESSION (Psychiatric and Somatic): _____

Date _____ Ward _____ (Signed) _____ M.D.

PHYSICAL EXAMINATION



ACCOUNT NO. 12345

☐ ANNUAL PHYSICAL
☐ CALL RESULTS IN A.M.
(NO ADDITIONAL FEE)
() _____ - _____
☐ STAT (ADDITIONAL FEE FOR PICK-UP)

ALL INFORMATION MUST BE PROVIDED OR ACCOUNT WILL BE BILLED.

SOCIAL SECURITY / ID NO

208

HAS 20

☐ MEDICARE ☐ MEDICAL AID (Please attach copy of P.O.E. Slip)

INSURANCE COMPANY

ADDRESS

CITY / STATE / ZIP CODE

CERTIFICATE NO.

GROUP NO	
----------	--

209 CODE (DX) (SEE BACK)

MEDICAD / MEDICARE NO.

STATE

2211	CHEMPANEL(CPY INCLUDES HOL)	S	2817	ARTHRITIC (5015. ANA FLUORESCENT)	S/L	5033	LIVER PROF. 2 (5020. HEP. B SURFACE ANTIGEN)
2312	CP. T.	S	5050	CHD RISK (CHOL. TRIG. HDL/LDL. APO A1/B. LIPID SCORE)	S	2691	COMP. EPSTEIN BARR PROFILE (SEE BACK)
2402	CP. CBC	S/L	2806	CHD RISK (5050. LIPID PHENO.)	S	5335	COMPREHENSIVE LUPUS PROFILE (SEE BACK)
3000	CP. CBC. T.	S/L	5009	ELECTROLYTE PROFILE (Na. X. CHLORIDE. CO ₂)	S	1855	AIDS I.D. (HIV ELISA. WESTERN BLOT REFLEX)
2403	CP. CBC. UA	S/L/U	5005	THYROID PROFILE #1 (T ₃ U. T ₄ . RIA. T ₄)	S	1387	BASIC AIDS (HELPER & SUPPRESSOR T CELL)
'6	CP. CBC. UA. T ₃ U. T ₄ . RIA. T ₄	S/L/U	2642	HYPOTHYROID PROFILE (T ₃ U. T ₄ . RIA. T ₄ . HS-TSH)	S	2904	MENOPAUSAL PROFILE (FSH. LH)
	CP. CBC. UA. RPR. T ₃ U. T ₄ . RIA. T ₄	S/L/U	3535	HYPERTHYROID PROFILE (FREE T ₃ . T ₃ U. T ₄ . RIA. T ₄)	S	3659	CHLAMYDIA & GONORRHEA PROFILE (DNA PROBE)
	CP. CBC. UA. T ₃ U. T ₄ . RIA. T ₄ . LIPID SCORE	S/L/U	3416	INITIAL DIAGNOSTIC HEPATITIS PROFILE (SEE BACK)	S	3347	PRENATAL #1 (W/IRREG. ANTIBODY SCREEN)
3279	ANEMIA PROFILE (FOCUS. ANEM. VIT. B ₁₂ . CBC)	S/L	6272	COMPREHENSIVE HEPATITIS B PROFILE (SEE BACK)	S	5704	PRENATAL #2 (3347. W/HEP. B SURFACE ANTIGEN)
3341	ANEMIA PROFILE (3279. FERRITIN. IBC. RETIC.)	S/L	6273	HEPATITIS VIRAL SYNDROME PROFILE (SEE BACK)	S	5756	URINE DRUG SCREEN (9 DRUGS)
5015	ARTHRITIC (RA. CRP. ESR. ASO. URIC A. Ca. PHOS)	S/L	5020	LIVER PROF. 1 (HEPATIC CHEMISTRIES)	S	5802	DRUG SCREEN (5756. ALC. MARUJAHAI)

0395	ACID PHOSPHATASE, TOTAL	FS	0841	CYTOMEGALOVIRUS (CMV) IGG	S	0510	LITHIUM	R	0380	RPR	S	0388	CHLAMYDIA, DNA PROBE	
0833	ACID PHOSPHATASE, RIA P A P	S	0118	DIGOXIN	S	8885	LYME DISEASE AB	S	0327	SEDIMENT, RATE	L	0420	GONORRHEA, DNA PROBE	
0108	AMYLASE	S	0223	DILANTIN	S	8224	LH	S	0352	T ₂ UPTAKE (T ₂ U)	S	0234	GRAM STAIN	
0611	ANA FLUORESCENT	S	0311	ELECTROPHORESIS, PROTEIN	S	0246	MONO SPOT	S	0353	T ₁ RIA (THYROXINE)	S	0292	OVA & PARASITES	
0822	BETA HCG, QUANT.	S	0832	FERRITIN	S	0291	OCCULT BLOOD	*	1357	FREE T ₄	S	1354	UREA/MYCOPLASMA CULTURE	
0556	BETA HCG, QUAL.	S	0650	FSH	S	0777	PHENOBARBITAL	R	8455	TESTOSTERONE SERUM	S	0391	WET MOUNT	
0361	BLOOD TYPE/RH	L,R	0512	FOLIC ACID	S	0309	PT	B	0671	TSH (HS)	S	0100	CULTURE, GENITAL GC ONLY	
0132	BUN	S	0535	GLUCOSE FASTING	Gv	0296	PTT	B	0823	THEOPHYLLINE	S	0100	CULTURE/SENS., GENITAL RO	
0129	CBC W/PLATELET COUNT	L	0967	HERPES I, IGG, SERUM	S	5013	PREMARITAL FEMALE	S	0372	URIC ACID	S	1378	CULTURE, HERPES	
1780	CEA (ROCHE)	L	0968	HERPES II, IGG, SERUM	S	0308	PREMARITAL MALE	S	0218	UA W/MICRO	U	0100	CULTURE/SENS., ROUT.	
0387	CEA (HYBRITECH)	S	0557	HDL CHOLESTEROL	S	0306	POTASSIUM	S	0119	VIT B ₁₂	S	0100	CULTURE, STOOL	
6311	CHEMPANEL W/O HOL	S	0672	HEP B SURFACE ANTIGEN	S	0858	PROGESTERONE	S	OTHER TESTS				0486	CULTURE, THROAT, BETA STR
0151	CHOLESTEROL	S	1855	HIV (HTLV III)	S	8040	PROLACTIN	S					0100	CULTURE/SENS., THROAT, RO
0785	CORTISOL, PLASMA	S	1387	HELPER-SUPPRESSOR T-CELL	YL	2422	PROSTATIC AG & PSA	FS					0100	CULTURE/SENS., URINE, ROU
0444	CFX, ISOENZYMES	FS	0545	IMMUNOGLOBULINS	S	0316	RA FACTOR	S					0100	CULTURE/SENS., WOUND
0160	CREATININE, SERUM	S	0257	IRON/IBC	S	0320	RUBELLA	S						SITE

1234 CHEM, CBC, UA
6311 CHEMPANEL
29 CBC
3 UA

OTHER PROFILES

[illegible]

PROFILE COMPONENTS

3416 INITIAL DIAGNOSTIC HEPATITIS PROFILE

HEPATITIS A ANTIBODY, TOTAL
HEPATITIS A ANTIBODY, IgM
HEPATITIS B SURFACE ANTIGEN
HEPATITIS B CORE ANTIBODY
HEPATITIS B SURFACE ANTIBODY

6272 COMPREHENSIVE HEPATITIS B PROFILE

HEPATITIS B SURFACE ANTIGEN
HEPATITIS Be SURFACE ANTIGEN
HEPATITIS Be ANTIBODY
HEPATITIS B CORE ANTIBODY
HEPATITIS B CORE ANTIBODY, IgM
HEPATITIS B SURFACE ANTIBODY

6273 HEPATITIS VIRAL SYNDROME PROFILE

HEPATITIS A ANTIBODY, TOTAL
HEPATITIS A ANTIBODY, IgM
HEPATITIS B SURFACE ANTIGEN
HEPATITIS B CORE ANTIBODY
HEPATITIS B SURFACE ANTIBODY
EPSTEIN BARR VIRAL CAPSID ANTIGEN
EPSTEIN BARR VIRAL CAPSID ANTIBODY, IgM
CYTOMEGALOVIRUS (CMV) ANTIBODY, IgM

2691 COMPREHENSIVE EPSTEIN BARR PROFILE

EPSTEIN BARR VIRUS (VCA), IgG ANTIBODY
EPSTEIN BARR VIRUS (VCA), IgM ANTIBODY
EPSTEIN BARR VIRUS EARLY ANTIGEN, ANTIBODY
EPSTEIN BARR VIRUS NUCLEAR ANTIGEN, ANTIBODY

5335 COMPREHENSIVE LUPUS PROFILE

ANA FLUORESCENT
ANTI-DNA (IF ANA POSITIVE WITH TITER 1.80 OR HIGHER)
ANTI-ENA (ANTI-Sm & ANTI RNP)
ANTI-MITOCHONDRIAL ANTIBODY
COMPLEMENT C4
PARIETAL CELL ANTIBODY, IFA
SMOOTH MUSCLE ANTIBODY
SSA/SSB
THYROID MICROSOMAL ANTIBODIES

DIAGNOSIS CODES

Abdominal Pain	789.0	Headaches/Migraine	346
Abscess	682.9	Hematuria	599.7
Anemia	285.9	Hepatitis	573.3
Angina	413	Hypercholesterolemia	272
Arteriosclerotic Heart Disease	414.0	Hyperthyroidism	242.9
Arthritis, Rheumatoid	714.0	Hypoglycemia	251.2
Asthma	493	Hypokalemia	276.8
Back Pain	724.1	Hypothyroidism	244.9
Bronchitis	466.0	Labyrinthitis	386.3
Chest Pain	786.5	Mononucleosis	075
Chronic Pulmonary Disease	416	Myocardial Infarction	410.9
Congestive Heart Failure	428	Normal Pregnancy	v22
C.V.A.	431	Osteoarthritis	715.0
Diabetes Mellitus	250.0	Possible Pregnancy	v72.4
Diarrhea	558.9	Seizure Disorder	345.9
Esophagitis	530.1	Thromboophlebitis	451
Essential Hypertension	401	Tonsillitis Acute	463
Fatigue	780.7	Transient Cereb Ischemic Attack	435.8
Flu Syndrome	487	Ulcer	531.9
Gastritis	535.0	Upper Respiratory Infection	478.9
Gastroenteritis	558.9	Urinary Tract Infection	599.0
Gout	274	Vaginitis	616.1

MICROBIOLOGY SPECIMEN REQUIREMENTS

0100 - Swab or Sterile Container	0420 - Gen Probe Media
0234 - Air Dried Smears in Slide Jacket. Specify Source	0485 - Swab in Transport Media
0292 - Random Stool in PVA or in Clean Container, Tightly Sealed	1354 - Mycoplasma Transport, Frozen
0388 - Gen Probe Media	1378 - Scrape Lesion with Swab, put in Viral Media
0391 - Swab or Material in Culture Transport	

TESTS REQUESTED BY

See reverse side for all locations and profiles

LAST		PATIENT NAME				FIRST	
PATIENT I.D. NO.		ROOM NO.		ADDITIONAL I.D. NO.			
AGE	SEX	FASTING	DATE COLLECTED		TIME COLLECTED		
		YES NO					
PHYSICIAN NAME					PIN #		
BILL <input type="checkbox"/> ACCOUNT <input type="checkbox"/> PATIENT <input type="checkbox"/> MEDICARE / MEDICAL <input type="checkbox"/> HMO / IPA TO							
PATIENT BILLING INFORMATION <small>The following information must be properly completed when the laboratory is to bill the account or a third party (Medicare / Medicaid / other). If not applicable, the space will be used for other.</small>							

TESTS REQUESTED BY

FOR LAB USE ONLY

PATIENT / RESPONSIBLE PARTY			PHONE NO.		HMO BILLING INFORMATION			ATTACH POE STICKER OR CARD HERE
ADDRESS					ATTACH COPY FRONT & BACK OF I.D. OR COMPLETE THE FOLLOWING: HMO NAME _____ BILLING ADDRESS _____ STREET OR P.O. BOX _____ CITY _____ STATE _____ ZIP _____ PATIENT I.D. # _____ GROUP # (IF APPLICABLE) _____ <input type="checkbox"/> SELF <input type="checkbox"/> SPOUSE <input type="checkbox"/> CHILD <input type="checkbox"/> OTHER _____			
CITY, STATE		ZIP CODE		DATE OF BIRTH				
MEDICARE NUMBER		SUFFIX		MEDICAL NUMBER				
STAT		<input type="checkbox"/> CALL BACK		COMMENTS, CLINICAL INFORMATION, OR MEDICAL HISTORY (TOTAL VOLUME _____ ml)				

PROFILES

06724-3 <input type="checkbox"/> Chem-Zyme Plus Evaluation	07559-3 <input type="checkbox"/> Chemzyme Evaluation	07855-1 <input type="checkbox"/> Hepatitis Panel, Acute	07101-6 <input type="checkbox"/> Prenatal Evaluation II
04001-8 <input type="checkbox"/> Master Chem	07702-2 <input type="checkbox"/> Complement Evaluation (F)	01001-0 <input type="checkbox"/> Hepatitis Profile, Diagnostic	04012-8 <input type="checkbox"/> Prenatal Profile, Routine
06005-1 <input type="checkbox"/> Arthritis Profile, Routine	06202-9 <input type="checkbox"/> Comprehensive Health Evaluation	04017-2 <input type="checkbox"/> Hepatitis Profile, Comprehensive	06008-2 <input type="checkbox"/> Prenatal Profile, Comprehensive
07402-1 <input type="checkbox"/> Arthritis Evaluation II	06324-1 <input type="checkbox"/> Electrolyte Panel	07857-3 <input type="checkbox"/> Hepatitis B Monitoring Panel	01031-8 <input type="checkbox"/> Prostate Panel, Diagnostic
06006-0 <input type="checkbox"/> Arthritis Profile Comprehensive	04003-1 <input type="checkbox"/> Executive Profile I	06455-9 <input type="checkbox"/> Human Papillomavirus Panel	07849-6 <input type="checkbox"/> T-Helcer/T-Suppressor Lymph
07406-3 <input type="checkbox"/> C.A.R.E. Panel #1	04018-3 <input type="checkbox"/> Executive Profile II	06007-1 <input type="checkbox"/> Liver Function Panel, Comprehensive	04010-6 <input type="checkbox"/> Thyroid Panel
06905-8 <input type="checkbox"/> C.A.R.E. Panel #2	04005-1 <input type="checkbox"/> Mini-Executive Profile	00185-9 <input type="checkbox"/> Megaloblastic Anemia Panel	01002-1 <input type="checkbox"/> Thyroid Panel, Hyper
06846-4 <input type="checkbox"/> C.A.R.E. Panel #3	03008-5 <input type="checkbox"/> FSH & LH Evaluation	07100-5 <input type="checkbox"/> Prenatal Evaluation I	01003-2 <input type="checkbox"/> Thyroid Panel, Hypo

UNLESS OTHERWISE STATED PLEASE REFRIGERATE

INDIVIDUAL TESTS

(F) = FROZEN SPECIMEN (R) = ROOM TEMP.

02500-3 <input type="checkbox"/> ABO Group & Rh Type	01201-2 <input type="checkbox"/> Glucose, 1 hr' pp	02545-4 <input type="checkbox"/> Premarital, Male	01010-9 <input type="checkbox"/> Vitamin B12 & Folate (F)
00287-1 <input type="checkbox"/> Acid Phosphatase, Prostatic (F)	01200-1 <input type="checkbox"/> Glucose, 2 hr. PP	00501-6 <input type="checkbox"/> Prolactin, Serum	*** MICROBIOLOGY ***
03453-1 <input type="checkbox"/> Acid Phosphatase, Total (F)	00810-7 <input type="checkbox"/> HCG, Serum Qual	03016-2 <input type="checkbox"/> Protein Electroph., Serum	Site
00074-8 <input type="checkbox"/> Alkaline Phosphatase	00110-0 <input type="checkbox"/> HCG, Serum Quant	00008-8 <input type="checkbox"/> Prothrombin Time	Type
00068-2 <input type="checkbox"/> Amylase, Serum	00005-5 <input type="checkbox"/> HDL Cholesterol	00288-2 <input type="checkbox"/> PSA (F)	00513-7 <input type="checkbox"/> Culture, Urine
00037-4 <input type="checkbox"/> ANA	04701-4 <input type="checkbox"/> Hemoglobin A1C	00007-7 <input type="checkbox"/> PTT	00520-3 <input type="checkbox"/> Culture, Genital (R)
00162-8 <input type="checkbox"/> ASO Titer	00071-5 <input type="checkbox"/> Hemogram	00061-6 <input type="checkbox"/> Reticulocyte Count	01021-9 <input type="checkbox"/> Culture, GC Screen (R)
00072-6 <input type="checkbox"/> Bilirubin, Tot & Direct	07853-1 <input type="checkbox"/> Hemoduant	00350-9 <input type="checkbox"/> Rheumatoid Factor	00519-2 <input type="checkbox"/> Culture, Throat or Sputum (R)
00019-8 <input type="checkbox"/> BUN	00523-6 <input type="checkbox"/> Hep A AB, IGG & IGM	03067-9 <input type="checkbox"/> RPR	00915-2 <input type="checkbox"/> Culture, Strep Screen (R)
00560-1 <input type="checkbox"/> Carbamazepine	00060-5 <input type="checkbox"/> Hep B, Surface AG	00043-1 <input type="checkbox"/> Rubella Antibody	00512-6 <input type="checkbox"/> Culture, Stool
00063-8 <input type="checkbox"/> CBC	01310-1 <input type="checkbox"/> Hep B Surface AB	00085-8 <input type="checkbox"/> Sed Rate (ESR), Wintrobe	00517-0 <input type="checkbox"/> Culture, Rectal GC/Abcess (R)
00092-4 <input type="checkbox"/> CEA	07895-8 <input type="checkbox"/> Hivagen	00541-2 <input type="checkbox"/> Sickle Cell Screen	00521-4 <input type="checkbox"/> Culture, Wound (R)
02999-7 <input type="checkbox"/> Chlamydia, Antigen, (EIA)	03381-4 <input type="checkbox"/> HIV Antibodies, Screen	00032-1 <input type="checkbox"/> SGOT (AST)	00510-4 <input type="checkbox"/> Culture, Other (R)
00078-1 <input type="checkbox"/> Cholesterol, Total	00393-8 <input type="checkbox"/> Immunoglob G.A.M.	00080-3 <input type="checkbox"/> SGPT (ALT)	00509-3 <input type="checkbox"/> Culture, Blood (R)
00230-1 <input type="checkbox"/> Coombs, Indirect	00064-9 <input type="checkbox"/> Iron & TIBC	00025-3 <input type="checkbox"/> T3 Uptake	02565-2 <input type="checkbox"/> Culture, Herpes
03731-2 <input type="checkbox"/> Cortisol, Random	00047-3 <input type="checkbox"/> LDH, Isoenzymes (R)	00048-4 <input type="checkbox"/> T3, RIA	02566-3 <input type="checkbox"/> Culture, Chlamydia
00039-6 <input type="checkbox"/> CPK, Serum (F)	00046-2 <input type="checkbox"/> LDH, Serum	00012-1 <input type="checkbox"/> T4, RIA	00264-0 <input type="checkbox"/> Culture, Fungus (R)
00054-1 <input type="checkbox"/> CPK, Isoenzymes (F)	00033-0 <input type="checkbox"/> Lithium	00562-1 <input type="checkbox"/> Testosterone, Serum	00055-0 <input type="checkbox"/> Culture, AFB & Smear
00042-9 <input type="checkbox"/> Creatinine, Serum	00452-1 <input type="checkbox"/> Mono Screen	00563-2 <input type="checkbox"/> Theophylline	08453-7 <input type="checkbox"/> Human Papillomavirus Screen (R)
00021-1 <input type="checkbox"/> Digoxin	00472-1 <input type="checkbox"/> Phenobarbital	00050-6 <input type="checkbox"/> Triglycerides	00461-1 <input type="checkbox"/> Ova & Parasites (x1) (R)
00108-9 <input type="checkbox"/> Ferritin	00089-1 <input type="checkbox"/> Phenytoin (Dilantin)	00097-9 <input type="checkbox"/> TSH	00027-5 <input type="checkbox"/> Occult Blood (x1) (R)
00336-6 <input type="checkbox"/> FSH, Serum	00023-1 <input type="checkbox"/> Potassium, Serum	00049-5 <input type="checkbox"/> Uric Acid, Serum	06102-8 <input type="checkbox"/> Wet Mount (R)
0006-6 <input type="checkbox"/> Glucose	02546-5 <input type="checkbox"/> Premarital, Female	00002-2 <input type="checkbox"/> Urinalysis, Routine	00044-0 <input type="checkbox"/> Gram Stain (R)

OTHER TESTS 03135-0 ☐ PHLEBOTOMY (DF6) 06743-0 ☐ STAT PERFORMANCE • 09800-1 ☐ STAT PICK UP

DOCTORS REQUISITION

SBCL FORM #10

Page 0 (Abstract)

This study of 100 consecutive state hospital psychiatric patients admitted to a research ward, who were screened to eliminate physical illness prior to admission, suggests an unusually high incidence of significant medical illness...Forty six percent of these patients had a previously unrecognized medical illness which either caused or exacerbated their psychiatric illness. Eighty percent of the patients had physical illnesses requiring treatment. ...The implication of these findings for psychiatric training and hospital psychiatry are discussed, as are the legal implications and possible effects upon the profession as a whole.

Page 1

It is well known that psychiatric symptoms are not illness specific and may be caused by a wide variety of medical as well as psychiatric diseases. Psychiatric patients have been shown to be at high risk for both increased physical morbidity and mortality....the fact that underlying medical disease can produce symptoms usually considered to be purely psychogenic remains notably underestimated...physical illnesses may present purely as depression, anxiety states, apathy, aggressive outbursts, personality changes, sexual dysfunctions, delusions, hallucinations, or as schizophreniform or manic-like psychotic states....Koranyi...was able to demonstrate that 20% of 100 consecutive outpatients seen at his clinic had medical illnesses which proved to be the sole and exclusive cause of their initial psychiatric symptoms. Pokorny and Frazier, in 1966...Six Hundred and ninety-one of these 1550 patients were found to have significant medical illness.

Page 2 (METHOD)

During the screening interview, a careful psychiatric and medical history and detailed mental status examination were obtained, and previous hospital records, if available, were scrutinized. Patients with known physical disorders were excluded from the study, as were patients with sociopathic personality disorders and significant histories of alcohol or drug abuse.