



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Medical Examination Report

Patient	Date of birth
Address	County

General physical examination - report of findings completed by physician:

Height	Weight	Blood pressure	Pulse
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Check if normal: Indicate any evidence of abnormality by history or physical examination.

- Eyes: _____
- Ears: _____
- Heart: _____
- Lungs: _____
- Abdomen: _____
- Kidneys: _____

Medical history - Provide information regarding any surgical procedure or communicable, hereditary, or debilitating diseases, including diabetes, psychoneurotic disorders, epilepsy, or fainting spells. _____

List current medications, dosage, and the reason prescribed: _____

Does the patient have any condition that would impair his or her ability to provide daily care for children through adulthood? Yes No

If yes, explain: _____

Physician's comments regarding patient's emotional and physical health: _____

Have you ever addressed emotional or mental health issues with the patient? Yes No

If yes, explain. _____

For what period of time has this person been a patient? _____

Physician signature	Name printed	Date
Address	Phone	