

ADMISSION HISTORY AND PHYSICAL EXAMINATION

Date/		Interdisciplinary needs/plan:
Care Coordinator/Social Worker:		Disposition planning
Financial assessment/assistance		Need family meeting to clarify patient/family goals of care
Other psychosocial needs:		PT/OT assessment/evaluation of functional status
Nutritional assessment		Wound care/ostomy nurse assessment
Diabetes nurse educator		Other :
Attending Section:		<input type="checkbox"/> I have ordered/reviewed clinical lab tests.
<input type="checkbox"/> I have ordered/reviewed other medical tests.		<input type="checkbox"/> I have ordered Fall Prevention Nursing Standard of Practice
<input type="checkbox"/> I have ordered Hospital Acquired Pressure Ulcer Prevention Protocol		<input type="checkbox"/> I have ordered/reviewed radiologic studies:
<input type="checkbox"/> I have independently reviewed the radiologic studies (looked at the films myself):		Attending Physician Attestation:
Attending Physician Signature:		

<p>PATIENT LABEL</p>	<p>Do not write in this box</p>	<p>THE UNIVERSITY OF KANSAS HOSPITAL KUMED 3901 Rainbow Boulevard Kansas City, Kansas 66160</p> <p>ADMISSION HISTORY AND PHYSICAL EXAMINATION</p>
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