



**Express**  
**Professional Homecare, LLC**  
 Quality care. Exceptional service. Better living.

## ANNUAL HEALTH SCREENING

<b>Name :</b>	<b>Birthdate :</b>	<b>Last 4 SS# :</b>
<b>Address :</b>	<b>Phone# :</b>	
<b>Emergency Contact :</b>	<b>Phone# :</b>	<b>Relationship :</b>

MEDICAL HISTORY					
	Y	N		Y	N
Any past injuries			Presently taking medication		
Fainting or dizziness			History of head injury		
Allergies			Significant past illness		
Asthma			Seizures		
Wears contact lens/glasses			Bone/joint problems		
Past surgical procedures			Any ongoing medical problems		
Hospitalizations:					

PPD					
PPD results :	Negative	Positive	Chest x-ray :	Negative	Positive
Date Given :	Date Read:	Lot# :	Date :		

PHYSICAL EXAM				
Height :	Weight:	BP:	Pulse :	Temp :
Condition	Comments/F/up		Condition	Comments/F/up
General Condition			Gastrointestinal	
Skin			Lungs	
Ears			Genitourinary	
Eyes			Neurological	
Nose			Musculoskeletal	
Throat			Spinal	
Mouth/dental			Nutritional Status	
Cardiovascular			Mental Health	

This patient is free from communicable diseases?      Yes      No

\_\_\_\_\_  
 Signature of Healthcare Professional

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Staff

\_\_\_\_\_  
 Date