



# Sara's Garden

Hyperbaric Oxygen Therapy & Conductive Education Center

## Physical Information & History

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Past Medical History \_\_\_\_\_

Past Surgical History \_\_\_\_\_

Family History \_\_\_\_\_

Social History \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

### Review of Systems/Physical Information

General \_\_\_\_\_

Vitals: Pulse \_\_\_\_\_ Blood Pressure \_\_\_\_\_ Temperature \_\_\_\_\_ Respirations \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

HEENT: PERRLA/EOMI \_\_\_\_\_ Sensitivity to Latex? \_\_\_\_\_

Respiratory \_\_\_\_\_ List current medications \_\_\_\_\_

Cardiovascular \_\_\_\_\_

Abdomen \_\_\_\_\_

Rectal/gentalia \_\_\_\_\_

Skin \_\_\_\_\_

Musculoskeletal/extremities \_\_\_\_\_

Endocrine \_\_\_\_\_

CNS/Neurological \_\_\_\_\_

Impression \_\_\_\_\_

Devices/implants \_\_\_\_\_

Mobility: \_\_\_\_\_

\_\_\_\_\_  
*Client, caregiver or guardian signature*

\_\_\_\_\_  
*Date*