



Sara's Garden

Hyperbaric Oxygen Therapy & Conductive Education Center

Physical Examination Client name _____

Recent trauma to head and/or chest (details please) _____

Past Medical History _____

Past Surgical History _____

Family History _____

Social History _____

Allergies _____

Current Medications _____

Review of Systems/Physical Examination

General _____

Vitals: Pulse _____ Blood Pressure _____ Temperature _____ Respirations _____ Weight _____ Height _____

HEENT:
PERRLA/EOMI _____

Respiratory _____

Cardiovascular _____

Abdomen _____

Rectal/gentalia _____

Skin _____

Musculoskeletal/extremities _____

Endocrine _____

CNS/Neurological _____

Impression _____

Special needs/ devices/implants _____

Plan of care: Client scheduled to receive hyperbaric oxygen therapy at Sara's Garden starting _____
Date

Physician signature _____ Date _____