



Bureau of Corrections

Document Reference Code
AAR-PR-001-F001

Revision No. 0 Effectivity Date 01/05/2018

MEDICAL EXAMINATION

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NAME: _____ AGE: _____ DATE EXAMINED: _____
PRISON NO.: **N216P-** _____ BATCH: _____ CELL: _____
CASE/S: _____
SENTENCES: _____

MEDICAL HISTORY:

Head & Neck Inj ()	Electrolyte Imbalance ()	Liver/Gallbladder Dse ()	Malaria ()
HEENT problem ()	Diabetes Mellitus ()	Jaundice ()	Typhoid Fever ()
Eye problem ()	Thyroid Problem ()	Gallstone ()	Infectious Dse ()
Ear problem ()	Cancer/ Tumor ()	Kidney/Bladder Dse ()	Seizure ()
Asthma/PTB ()	Restricted Mobility ()	Kidney Stone ()	Allergies ()
Other Lung Dse ()	Surgery/Operations ()	Stomach pain/Ulcer ()	Skin Problems ()
Hypertension ()	Fracture/Dislocation ()	Other GI Dse ()	Smoking ()
Heart Dse ()	Hernia ()	Hemorrhoids ()	Alcohol ()
Stroke ()	Prostate Problems ()	STD ()	Drug Intake ()
Blood Disorder ()	Penile Implants ()	Genetic/Familial D/O ()	Current Meds ()
Arthritis ()			Trauma ()

Pertinent Family History () _____

Gang Mark: _____ () Obliterated Previous Hospitalization () _____

PHYSICAL EXAMINATIONS:

Vital Signs/Statistics: BP: _____ CR: _____ RR: _____ T: _____ Ht. Wt.: _____ BMI: _____

General Survey: _____

HEENT: _____ sclerae, _____ palpebral conjunctivae, () nasooaural discharge, () CLAD, oral: _____

HEART: dynamic/ adynamic precordium; rate: () normal () increase () decrease; rhythm: regular/irregular; () murmur

CHEST/LUNGS: symmetrical/assymetrical chest expansion; breath sounds: () clear () increase () decrease () rales () wheezes

ABDOMEN: flat/globular; bowel sound: () normoactive () hyperactive () hypoactive; soft/guarding; () tenderness on palpation; () organomegaly; () kidney punch

BACK: _____

ANUS-RECTUM: _____

G-U SYSTEMS: _____

INGUINAL/GENITAL: _____

EXTREMITIES: () gross defect; if yes what? _____

SKIN: () lesions: _____

() healed scars: _____

NEUROLOGICAL EXAMINATIONS:

LABORATORY:

Chest X-ray: _____

Blood Chemistry: _____

U/A _____

ECG: _____

CBC _____

Others: _____

ASSESSMENT: () No Gross Physical Defect

PLANS:

RECOMMENDATION: () fit for work () fit for light work () not fit for work

CELL: _____

CASE: _____

A.C.: _____

C.B.: _____

T.O.: _____

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Medical Specialist I



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PSYCHIATRIC HISTORY

NAME _____ AGE: _____ PRISON NO. _____ DATE: _____
() First Admission () Re-Admission () Date Admitted _____ () Date Discharged _____

PRESENTED PROBLEMS

- () Inability to sleep/ disturbed sleeping pattern () Unmindful of Personal Hygiene
() Violent Behavior / Poor impulse control () Blank Stares
() Incoherent / Irrelevant responses () others _____

Duration: _____

Informant (s): () Patient himself () Co-brigade/ co-inmate () Civilian / Hospital employee () Relative _____

MENTAL STATUS EXAMINATION

I. GENERAL APPEARANCE: () Poorly Kempt () Fairly Kempt () Well-Kempt () Others _____

II. BEHAVIOR ATTITUDE: () Uncooperative () Mute to queries () Well-behaved / cooperative
() Others _____

III. AFFECT: () Inappropriate () Appropriate () Flat () Blunted () Others _____

IV. MOOD: () Depressed () Irritable () Elated () Euthymic () Others _____

V. PERCEPTION: () Visual Hallucinations (Described) _____
() With Auditory Hallucinations (Described) _____
() Hallucinatory experience and perceptual aberrations _____
() Flight of ideas () Homicidal thought / tendency () Suicidal thought / Tendency
() Delusion (Described) _____
() Others: _____

VI. MEMORY: (Immediate, remote, recent) () Faulty () Intact

VII. ORIENTATIONS: Oriented () Time () Place () Person
Disoriented () Time () Place () Person

VIII. GRASP OF GENERAL INFORMATION: () Poor () Fair () With Insight

IX. INSIGHT: (into his mental condition) () No insight () Partial insight () With insight

X. SOMATIC FUNCTION: SLEEP () Poor () Fair () Good
APPETITE () Poor () Fair () Good

XI. COMPLIANCE WITH MEDICATION AND FOLLOW-UP () Poor () Good

OTHER INFORMATION: _____

IMPRESSION: _____

MEDICATION: _____

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