**OKLAHOMA DEPARTMENT OF CORRECTION**
**Infirmary/Convalescent H & P Admission Assessment**

Facility: _____

**Subjective:** Allergies: _____

Complaints: _____

Problems: _____

Medications: _____

History of Present Illness: _____

_____

**Objective:**

B/P _____ P: _____ R: _____ T: _____ FSBS: _____ O2 Sats: _____ Wt: _____ Gain/Lost = _____lbs.

**Physical Findings:**

Gen: _____

_____

Skin: ❑ WNL ❑ Abnormal (Describe) _____

_____

Lymphatic: ❑ WNL ❑ Abnormal (Describe _____

_____

HEENT: ❑ WNL ❑ Abnormal (Describe) _____

_____

Breast: ❑ WNL ❑ Abnormal (Describe) _____

_____

Pulmonary: ❑ WNL ❑ Abnormal (Describe) _____

_____

Cardiac: ❑ WNL ❑ Abnormal (Describe) _____

_____

Extremities: ❑ WNL ❑ Abnormal (Describe) _____

_____

Gastrointestinal: ❑ WNL ❑ Abnormal (Describe) _____

_____

Genitourinary: ❑ WNL ❑ Abnormal (Describe) _____

_____

Musculoskeletal: ❑ WNL ❑ Abnormal (Describe) _____

_____

GYN: ❑ WNL ❑ Abnormal (Describe) _____

_____

Neurological: ❑ WNL ❑ Abnormal (Describe) _____

_____

Cognitive: ❑ WNL ❑ Abnormal (Describe) _____

_____

**Assessment:** _____

_____

**Prognosis:** _____

**Plan:** (See "Medical Provider's Orders" for laboratory, medication(s), treatment orders, Diet, Activity, VS and follow-up plan)

**DNR/Living Will:** ❑ Yes ❑ No Comment: _____

**Medical Parole submitted:** ❑ Yes ❑ No Comment: _____

**Medical Provider:** _____ **Date:** _____

Inmate Name (First, Last) ODOC #