

**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)

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