

OKLAHOMA DEPARTMENT OF CORRECTIONS
Chronic Clinic and/or Routine/Physical Examination

Examination Type: Initial Examine and Treatment Plan Chronic Clinic/Physical Examine Acute Evaluation

CC: Asthma CAD/ASVD COPD Diabetes HIV HTN HCV/Liver Seizure
 Cancer Type: _____ Other: _____

Severity Classification: Mild Moderate Severe

History: _____

Allergies/side effects: _____

Current Medication	Current Medication	Current Medication	Current Medication

PMH: _____

Social Hx: _____

Job: _____

Drug/Alcohol: _____

Tobacco Current Past N/A Quit date: _____ Pack yrs: _____ Other: _____

Examination: Annual Physical Chronic Clinic Exam Acute Eval

Vital signs - T _____ P _____ R _____ B/P Lying _____ Sitting _____ Standing _____ Wt. _____ Gain/Lost = _____ lbs.

FSBS _____ Peak Flow _____ O2 sats _____

Physical Findings:

Gen: _____

Skin: _____

Lymphatic: _____

HEENT: _____

Neck: _____

Chest/Lung: _____

Breast: _____

Medical Provider: _____ **Date:** _____

Inmate Name _____ **DOC #** _____
(First, Last)

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Cardiac: _____

Pulses: _____

Abdomen: _____

Genital: _____

Rectal: _____

Back: _____

Extremities: _____

Neurological: _____

Psychiatric: _____

Additional details: _____

Pertinent Tests: _____

Impression: _____

Plan: (See "Physician Orders" for laboratory, medication(s) and treatment orders) and follow-up plan.

Compliance with treatment plan: Yes No If "No" Explain _____

Education: Diet Medication / Medication Adherence Exercise Disease process
 Risks and benefits Goals Signs and symptoms to report Treatment options
 Other: _____

Inmate verbalizes understanding: Yes No

Estimated date of release from ODOC: _____ Comments: _____

Medical Provider: _____ Date: _____

Inmate Name
(First, Last)

DOC #