Washington County

Community Services

WCCS-75000-102 (4-20)

Intellectual and/or Developmental Disabilities (IDD)

Physical Exam Form

Please return this completed form to:
Washington County Community Services - IDD Intake Unit
14949 62nd St. N., P.O. Box 30, Stillwater, MN 55082
Phone: 651-430-6484 / Fax: 651-430-6527

(A copy of a physical form from your medical provider can be provided in lieu of completing this form.)

Name: _____ Date of Exam: _____

Age: _____ DOB: _____ Height: _____ Weight: _____ BMI: _____

Blood Pressure: _____ Pulse: _____ Temp: _____ Resp.: _____

Diagnoses

Please list all diagnoses:

_____

_____

Allergies

Please list all allergies *(with reaction, if applicable)*:

_____

_____

Is the patient free of communicable disease? ☐ Yes ☐ No

If no, name of disease and precautions necessary: _____

Has this client been tested for Hepatitis B? ☐ Yes ☐ No

Date: _____ Results: ☐ Positive ☐ Negative

Physical Exam

Please provide a summary of your patient's physical exam and any treatment plans:

_____

_____

_____

_____

_____

_____

Provider's Name *(please print)*: _____

Provider's Signature: _____

Clinic Name: _____ Clinic Phone #: _____

Clinic Address: _____