

Name: \_\_\_\_\_ NHS Number: \_\_\_\_\_

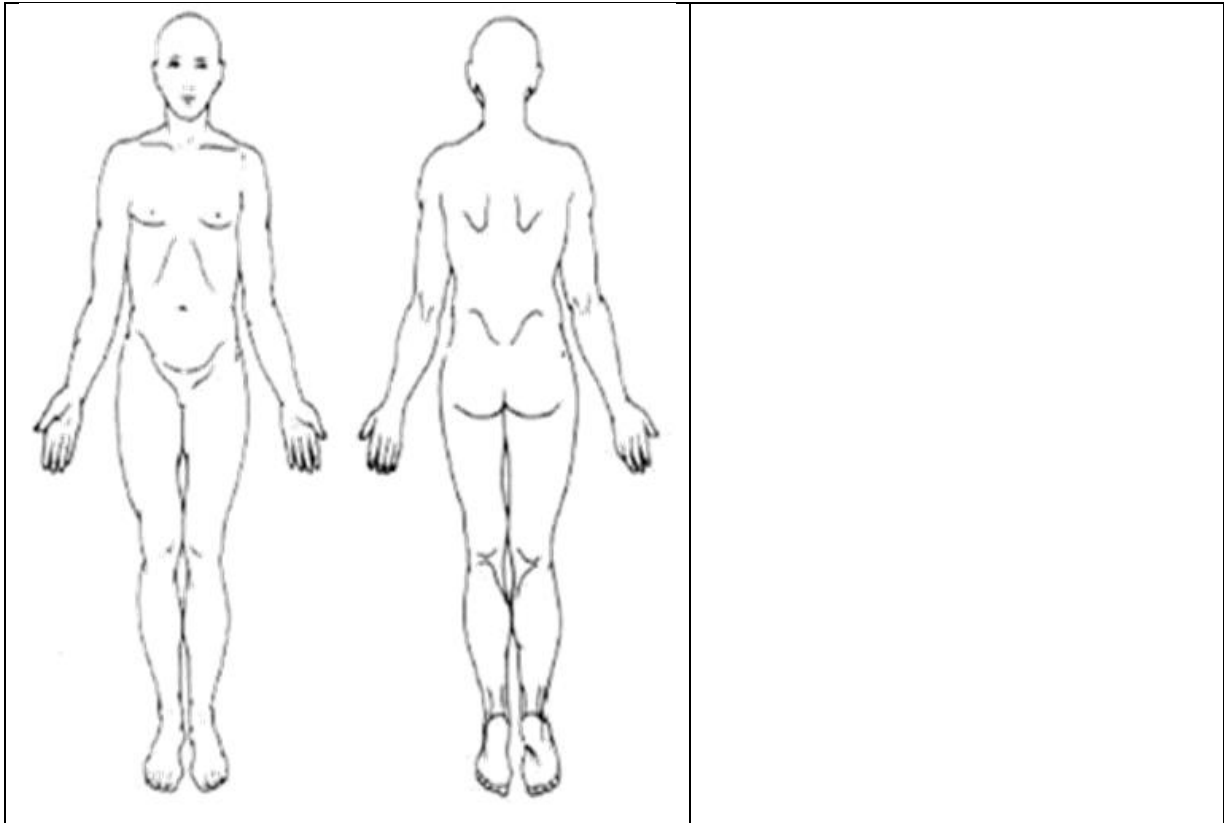
Name of admitting Doctor: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**(Please print)**

**Admission Medical Examination Form**

<p><b>M1:</b> <b>Capacity and Consent Status</b></p> <p>Does the patient have the capacity to consent to a physical examination? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Is the patient able to give informed consent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If no, are they subject to detention Mental Health Act (please give details)</p>	
<p><b>M2:</b> <b>General Physical Condition</b></p> <p>(Mark clearly any recent or old bruises, cuts, scars, injuries)</p>	<p><b>M3:</b> <b>Circulatory System</b></p> <p>Pulse:</p> <p>Oedema:</p>
	<p>BP:</p> <p>Apex Beat:</p> <p>Peripheral Circulation:</p>
	<p>JVP:</p> <p>Heart Sounds: I.....II</p>
	<p>ECG:</p>



**M4:**

Respiratory System:

Clubbing:

Dyspnoea:

Trachea:



Oxygen Saturation Level:

**M5:**

Alimentary System:

Mucous Membranes?

Dentition?



**M6:**

**Nervous System**

**M7:**

**Other Findings**

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Level of consciousness				
Cranial Nerves				
Pupils				
Fundi				
Limb Tone		Gait		<b>M8:</b>
Limb power				Blood Tests Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Co-ordination		Romberg		If yes, please state for which tests:
Tremor				
Reflexes:				
Right: B T S	K A PL	Clonus		
Left: B T S	K A PL	Clonus		ECG Required? Yes <input type="checkbox"/> No <input type="checkbox"/>
Sensation				Any other tests (please state):

<b>Weight:</b>	
<b>Height:</b>	
<b>Date of Birth:</b>	
<b>BMI:</b>	
<b>Urine Testing:</b>	
<b>Smoking History</b>	

<b>Glasgow Coma Scale</b> (only to be completed when there are concerns over patient's level of consciousness) 13 or more = Mild Brain Injury 9-12 = Moderate Injury 8 or less = Severe Injury	<b>Eye Response (4)</b> 1. No eye opening 2. Eye opening to pain 3. Eye opening to verbal command 4. Eyes open spontaneously	<b>Verbal Response (5)</b> 1. No verbal response 2. Incomprehensible sounds 3. Inappropriate words 4. Confused 5. Orientated	<b>Motor Response (6)</b> 1. No motor response 2. Extension to pain 3. Flexion to pain 4. Withdrawal from pain 5. Localising pain 6. Obeys commands
	Best eye response: _____	Best verbal response: _____	Best motor response: _____
<b>Total GCS score:</b> _____			