



## MONTANA STATE HOSPITAL POLICY AND PROCEDURE

### ADMISSION/ANNUAL HISTORY AND PHYSICAL

**Effective Date:** June 25, 2020

**Policy:** PH-06

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- I. PURPOSE:** To provide guidelines for assessing patients' medical needs while they are at Montana State Hospital (MSH).
- II. POLICY:**
  - A. A comprehensive medical history and physical health assessment will be completed for each patient admitted to MSH. For patients who remain hospitalized for extended periods, a physical health examination will be repeated at least annually determined by the patient's date of admission.
  - B. Significant findings from the history and physical process will be used in the treatment planning process.
  - C. All Admission/Annual History and Physicals become a permanent part of the patient's medical record.
- III. DEFINITIONS:** None.
- IV. RESPONSIBILITIES:**
  - A. **Licensed Independent Practitioners:** Completing history and physical health assessments according to policy.
  - B. **Health Information Department:** Tracking when the annual history and physical health assessment is due and notifying the Medical Clinic, and the Medical Staff.
- V. PROCEDURE:**
  - A. Admission History and Physical:
    1. The Admission History and Physical includes a medical history and physical examination performed by a primary care Licensed Independent Practitioner within twenty-four (24) hours of admission.
    2. If a patient's psychiatric acuity prevents completing a full history and physical, an evaluation will be completed from the available records, accompanying information and observations. The psychiatric Licensed Independent Practitioner will request a follow up evaluation if indicated.
    3. The Medical History will include:
      - a. History of present illness;

- b. Medical and surgical history;
  - c. Medications and allergies;
  - d. Social history including;
  - e. Habits including the uses of caffeine, tobacco, alcohol, and/or street drugs;
  - f. Family History;
  - g. Review of systems.
4. The Physical Examination will be a complete head-to-toe assessment including a neurological examination. See the attached format (Attachment A) for the Physical Examination.
  5. Documentation of the Admission History and Physical will conclude with diagnoses and plan.

B. Annual History and Physical:

1. Every long-term patient will be scheduled for a complete history and physical at least annually based on the patient's date of admission.
2. If the patient repeatedly refuses to cooperate, a limited evaluation will be completed using information in the medical record, communication with staff, and those examination procedures which can be completed.
3. The annual history and physical will be completed in the same format as the Admission History and Physical focusing on, but not limited to:
  - a. Review of medical history over the past year;
  - b. Review of systems;
  - c. Physical examination; and
  - d. Treatment planning related to physical health deficits and/or maintenance needs.

C. Laboratory and Diagnostic Services:

1. The physical health examination process may result in the need for laboratory and other invasive diagnostic and imaging procedures for baseline purposes or in response to specific findings. The primary care Licensed Independent



**MONTANA STATE HOSPITAL  
ADMISSION HISTORY & PHYSICAL**

Month, Day, Year

Name:

MSH#:

Date of Admission:

Date of Evaluation:

Chief Complaint:

- 1.
- 2.

History of Present Illness: This is a pt. admitted from

During evaluation today,

**Medical History:**

Hospitalizations:

Past Psychiatric History:

Past Medical History:

Past Surgical History:

**Medications:**

Psychiatric:

Medical:

Allergies:

Family History:

Social History:

Habits:

Caffeine: Coffee - . Pop - .

Tobacco:

Alcohol:

Drugs:

**Systems Review:**

General:

HEENT:

CVR:

GI:

GU:

MS:

NEURO:

**PHYSICAL EXAMINATION**

Temperature:

Pulse:

Respirations:

B/P: O<sub>2</sub> sat % on room air.  
Height: Weight: lbs.

**General:** The patient is pleasant, non-toxic appearing, breathing comfortably, in no apparent distress.

HEENT:  
CVR:

Abdomen:

Breast/Pelvic:  
Rectal:

Back:

Extremities:

**Neurologic:**

Cranial nerves:  
Motor:  
Sensory:  
Cerebellar:  
Gait/Station:  
Reflexes:

Data: Lab

**Diagnoses:**

- Primary:  
2.  
3.

Plan: Health and safety issues were discussed. Will follow patient along with psychiatry.

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Name/Credentials  
Staff LIP  
Montana State Hospital

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Date/Time

R:  
T:

MONTANA STATE HOSPITAL  
ANNUAL HISTORY & PHYSICAL  
Month, Day, Year

**Name:**

MSH#:

Date of Admission:

Date of Evaluation:

Chief Complaint:

1.

2.

History of Present Illness: This patient is admitted from

**MEDICAL HISTORY:** Hospitalizations:

Past Psychiatric History:

Past Medical History:

Surgery:

**Medications:**

Psychiatric:

Medical:

Allergies:

Family History:

Social History:

Habits:

**Review of Systems:**

General:

HEENT:

CVR:

GI:

GU:

MS:

NEURO:

**PHYSICAL EXAMINATION**

Temperature:

B/P:

O2 SAT: 9

Pulse:

Height:

Respirations:

Weight:

**General:**

Page      Annual Physical Examination:

Name

MSH #:

HEENT:

CVR:

GI:

GU:

Back:

Extremities:

**Neurological:**

Cranial nerves:

Motor:

Sensory:

Cerebellar:

Gait/Station: Romberg:

Reflex:

**DATA:** Lab

**Diagnoses:**

Primary:

2.

3.

**Plan:** Health and safety issues were discussed. We will continue to follow patient along with psychiatry.

Submitted by,

\_\_\_\_\_  
Name/Credentials

Staff LIP

Montana State Hospital

\_\_\_\_\_  
Date/Time

R:

T: