North Central Career Development Center
MEDICAL HISTORY PART B
Report of Physician

Doctor: Please complete and mail this form to:
North Central Career Development Center
516 Mission House Lane
New Brighton, MN 55112

Patient Name_____ **Sex**_____ **DOB**_____

Address_____
(street) (state) (zip)

Complete Medical History

Operations_____

Diseases_____

Injuries_____

Allergies, drug sensitivities_____

Systemic review_____

Present medication_____

Physical Examination

General appearance_____

Height_____ Weight_____ Pulse_____ Blood Pressure_____

Head and neck_____

Ears (including hearing)_____

Eyes (including vision)_____

Nose_____

Mouth, teeth, and throat_____

Heart_____

Chest and lungs_____

Breasts_____

Abdomen_____

Pelvic (women)_____

Rectal_____

Joints_____

Back_____

Extremities_____

-over-

Reflexes_____

Skin_____

Gait and posture_____

Other_____

Recent laboratory, Chest x-ray, EKG reports etc., if available_____

_____

_____

_____

Urinalysis: Sp. Gr._____ Albumen_____ Sugar_____ Other_____

In view of your examination, what health and emotional factors should be taken into account for a complete personality and vocational assessment?_____

_____

_____

_____

_____

_____

_____

Date of this examination_____

_____
Name of Physician (typed or printed please)

_____
Signature

_____
Address

_____
Phone Number