

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

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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 Evaluation

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

FSBS _____ Peak Flow _____ O2 saturations _____

Physical Findings:

Gen: _____

Skin: _____

Lymphatic: _____

HEENT: _____

Neck: _____

Chest/Lung: _____

Breast: _____

Medical Provider: _____ **Date:** _____

Inmate Name
(First, Last)

ODOC #

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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)

ODOC #