



Hannah's House

REPORT OF PHYSICAL EXAMINATION

(Revised 8/2000)

Please have this report completed by your physician and attach the test results from a "Drug of Abuse Panel" and Pregnancy Test.

Patient's Name: _____ Patient's Birth Date: _____

Last Period:	Due Date:	Normal Weight:
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This young woman appears to be free from communicable disease.

Yes No

Is this patient considered a "high risk" pregnancy?

Yes No

Is this patient presently on medication?

Yes No

If yes, please list medication and instructions:

Are there any recommendations as to future care, future tests, or treatment(s), and immunization?

Yes No

If yes, please describe:

Signed: _____ Date: _____

Physician