



On-Belay House
Anthony Louis Center

Anthony Louis Center
1000 Paul Parkway
Blaine, MN 55434
(763) 757-2906

Anthony Louis Center
7700 Hudson Road #600
Woodbury, MN 55125
(651) 731-0031

Anthony Louis Center
1517 E Highway 13
Burnsville, MN 55337
(952) 890-8879

On-Belay Plymouth
115 Forestview Lane N
Plymouth, MN 55441
(763) 546-8008

On-Belay Eden Prairie
7170 Bryant Lake Drive
Eden Prairie, MN 55344
(952) 224-5873

To The Physician:

The Minnesota Department of Public Health requires all residential residents to obtain a comprehensive history and physical assessment thirty (30) days prior to, or within seventy-two (72) hours of admission. Please summarize, in numerical order, all historical medical events and physical findings and include your recommendation for each. This form can be used as a guide or actual use, however, the physical must contain:

A physical Exam Must Contain:

- Client's health history
- A statement that the client is free from communicable diseases
- List of all medications including instructions for each medication
 - The symptoms it is to alleviate
 - Potential side effects
- Laboratory Samples Should include:
 - UA
 - CBC (Complete Blood Count)
 - VDRL
 - Pap Smear and GC Culture should be included if appropriate
- On-Belay House also requires a statement that the resident is free from communicable diseases at time of admission.
- If your findings indicate that there is disease present, please explain them.

Standing Orders:

On-Belay House has formulated a list of standing orders in collaboration with our Medical Director. Please examine these, add or delete as necessary, sign and date them.

Medications

If any medication or treatment is necessary, please write an order for the medication. This should also include what symptoms the medication is intended to treat & potential side effects.

Thank you for your cooperation.

Client Admitted – Date/Time: _____

Physical Scheduled – Date/Time: _____



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Client Name: _____ Client Number: _____

Medical Director's Standing Orders

1. Admit as per On-Belay House/Anthony Louis Center policy.
2. Complete physical examination within three (3) days of admission or within thirty (30) days prior to admission.
3. Lab work at the time of the physical to include: CBC, Urinalysis, RPR.
4. Mantoux (Intermediate strength PPD) to be read in 48-72 hours.
5. Vitals to include: Temperature, Pulse, Respirations, Blood Pressure, TID for the first 72 hours.
6. Regular Diet
7. Activity as tolerated.
8. Passes and Privileges at staff discretion.
9. Eucerin lotion PRN for dry skin. Apply per self.
10. Chapstick or Blistex PRN for chapped lips. Apply per self.
11. Tylenol 325mg, two (2) tablets po q4h PRN for headache, elevated temperature or pain.
12. Mylanta ½ oz po PRN for upset stomach. May repeat 4 hours later and at HS. Notify MD if problem persists.
13. Milk of Magnesia (MOM) 1 oz PRN for constipation. May repeat x1.
14. Robitussin DM, 2 tsp q4h PRN for cough.
15. Tinactin Powder per self as directed for athlete's foot. If no response or open sores develop, notify MD
16. Calamine Lotion PRN topically for itchy rash or insect bites.
17. Bacitracin Ointment PRN topically for minor abrasions or cuts. Apply topically.
18. Ben-Gay topically per self for minor muscular aches.
19. Hydrocortisone cream 1% for sunburn. Apply topically per self PRN.
20. Continue oral contraceptives brought in until seen by physician.
21. Ambesol – minor tooth or gum aches.
22. Peroxide to clean minor scrapes, cuts, etc.
23. Campho Phenique – bug bites.
24. Muskol – insect repellent
25. Sundown SPF 20 Sunblock.

FOR VOMITTING:

1. NPO for 4 hours, then ½ oz sweetened, clear liquid q 20-30 minutes for 4 hours. Then 1 oz q 30 minutes for 2 hours. Then 2 oz q 1 hour, then advance diet as tolerated.
2. Clear liquids, 1 oz q ½ hour until vomiting stops. Then advance to baby rice cereal, water and sugar. IF tolerated, daily products for 24 hours. Advance as tolerated.

FOR SORE THROAT:

1. Salt water gargle (warm water with 1 tsp salt) or Cepacol lozenges po PRN.
2. To office for throat culture if problem persists.

FOR ACNE:



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1. May continue topical acne meds per self until seen by physician.
2. May continue oral acne meds until seen by physician.
3. Notify MD if acne is not being treated by physician or is not responding to present treatment.
4. May keep over the counter acne preparations at bedside and use PRN.

Physician's Signature: _____ Date: _____

History and Physical Record

Client :	Chief Complaint :
Admission Note :	

Medical	DM MI-HD Ca pulm.	HTN Thyroid CVA	Blood Dyscrasia Renal Neuro-Psyc
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Injuries/Accidents:	Transfusions:
	Reactions to Anesthesia:
Allergies:	
Current Medications:	

Review of Systems		Family History
Integument	Vascular	Mother
Eyes	GI	Father



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Ears	Endocrine	Siblings	
		Other	
Nose	Female - GU	Social	
		Tobacco:	
		Alcohol:	
Neck-Mouth-Throat	Male - GU	Caffeine:	
		Marital/Working:	
		GYN	
Cardio Pulmonary	Musculo-Skeletal	LMP	Last Pap Smear (result if known)
	Neuro-Psych	Gravida	Para

History and Physical Record

T	P	R	HT	WT	BP
Integument			Heart		
			PMI		
Head & Face			Heart Tones		
			Murmurs		
Eyes			Abdomen		
Ears			Liver		
			Spleen		
Nose			GU		
Neck, Mouth & Throat			Vascular		
Thyroid			Musculo-skeletal		



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Lymph Nodes	Extremities
Chest	NEURO
	Speech:
Lungs	Gait:
	Hearing:
	Sensory:
	Motor:
	Cerebellar:
	Reflexes:

Signature: _____ Date: _____

PHYSICIAN'S NOTE	
Client is free from communicable disease:	
Diagnosis:	
Physical:	
Mental:	

Signature: _____ Date: _____



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Client Mantoux Report

IDENTIFYING INFORMATION

Name of Client:

_____ Last _____ First _____ MI

Name of Facility:

To Person Administering TB Test:

Ether test may be taken. If Mantoux test is taken and is positive, take chest X-ray.

Mantoux:

Date Implanted: _____ Date Test was Read: _____

Results: _____ Negative _____ Positive

X-Ray:

Date: _____

Results: _____ Negative _____ Positive

Signature: _____ Date: _____



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Client Name _____		Client DOB _____	
Client Number _____			
RX Medication	Instructions – Administration	Symptoms to be alleviated	Symptoms or side effects to warrant contacting the physician
Physician Signature & Date			



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