

REQUESTED ASSESSMENT

Student: _____ ID #: _____

Requested by: _____ Title: _____

Referral Statement: _____

History-Statement of client (what happened?) _____

What day is it? _____ What school is this? _____

When did you last eat? _____ What did you eat? _____

When did you last sleep? _____ How long did you sleep? _____

Chief Complaint(s): _____

Known diagnoses: _____ Known allergies: _____

Describe recent physical, mental, emotional problems: _____

Have you had thoughts of harming yourself or others? Describe: _____

Recent injuries (describe): _____

Last 7 day Drug History: Names, Amts, Time of Last dose, or write "None" or "Unknown" – Rx's, OTC's, herbal, & legal or illegal substances: _____

Assessment:

Time: _____ B/P: _____ P: _____ R: _____ Temp: _____

Skin: Warm: _____ Cool: _____ Cold: _____ Dry: _____ Damp: _____

Pale: _____ Flushed: _____ Other: _____

Vision: R: _____ L: _____ Double vision: _____ Blurry vision: _____

Light Sensitive: _____ Sclera: White: _____ Red: _____

Other: _____

Eyewear/Contacts: _____ Pupils: Round: _____ Equal: _____

Reactive to Light: _____ Other: _____

Resting Nystagmus _____ Equal tracking _____

Approximate pupil size (note if R/L are different): _____



Responses to questions are: Clear & consistent: _____ Unclear: _____

Inconsistent: _____ Unfocused: _____ Unrelated to question's: _____

REQUESTED ASSESSMENT

Speech is: Clear & Understandable: _____ Difficult to understand: _____ Unintelligible: _____

Language Barrier? _____

Breath Odor: Normal _____ ETOH _____ Other _____

Level of consciousness: Alert: _____ Dazed/sleepy: _____

Opens eyes on command: _____ or stimulation: _____ Other: _____

Oral Inspection: Tongue: _____ (green or brown blisters)

Lower Lip: _____ (debris)

Nasal Inspection: Redness: _____ Residue: _____

Observations: Walks/moves without assistance? _____ Uses support/help to walk/move? _____

Emesis: _____ Rashes: _____

Symptoms Observed: _____

Nasal Drainage: _____ Cough? _____ Other – described _____

Notified Administration: _____ Time: _____

Referrals/Disposition (who did you release learner to): _____

Report completed by: _____

Signature: _____

Copies given to: _____
