

PHYSICAL ASSESSMENT

EMI

TEMP:	PULSE:	RESPIRATION:	BLOOD PRESSURE:
URINANALYSIS:	WEIGHT:	DATE: 29-9-95	
SLEEP PATTERNS:	Sleep pattern disturbed recently		
MOBILITY:	fully mobile		
PROSTHETIC DEVICES:	None		
EATING HABITS/SPECIAL DIETS:	Small portions, needs encouragement.		
RECENT WEIGHT GAIN/LOSS:	Weight loss due to low mood.		
ABILITY TO CARE FOR SELF/EVIDENCE OF NEGLECT:	Supervised, minimal help		
SMOKING/DRINKING:	None		
NORTON SCORE:			