

# Annex 1 to SOP for Physical Health Investigations - Older Adult Community Teams

## Physical Health Review

For new patients to the team. To be completed within 5 days of initial assessment.

**Name of patient;**

**Insight no;**

**Date;**

**GP summary on insight; Y/N**

**GP review within the last 12 months; Y/N**

**Any changes in physical health over the past month; Y/N**

If **yes**, please provide details; \_\_\_\_\_

**Recent bloods available; Y/N**

If **no**, date for bloods to be done; \_\_\_\_\_

**Any sensory impairments; Y/N**

If **yes**, please provide details; \_\_\_\_\_

**Physical observations – to be documented on NEWS2 where relevant**

Observation type	Observation Reading	Actions <i>(if appropriate)</i>
<b>Blood Pressure sitting</b> <i>Electronic/Manual (please circle)</i>		
<b>Blood Pressure standing</b> <i>Electronic/Manual (please circle)</i>		
<b>Pulse Rate</b>		
<b>Temperature</b>		
<b>O2 Saturation</b>		
<b>Respiration Rate</b>		
<b>ACVPU</b>		
<b>Weight (kg)</b>		
<b>Waist Circumference (cm)</b>		

**Physical health conditions/Disabilities;**

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**Smoker; Y/N**

*If yes;*

Method; \_\_\_\_\_ How many per day; \_\_\_\_\_

**If unable to complete physical health review, please explain why and arrangements made;**

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