



## Physical Request for New Clients

We require a physical on file for every client. Please be aware that the state requires Opportunity Networks to keep proof of annual physicals in our records.

Please send in the most recent copy of the annual physical (address below) or ask the doctor to fax the information to us at 883-4468.

If there has not been a recent physical, please schedule an appointment as soon as possible. The enclosed form is for your convenience.

If you have any questions, please contact Kim at [krhault@opportunitynetworks.org](mailto:krhault@opportunitynetworks.org)

Thank you for helping us to remain in compliance with state regulations.

None on File

Return Physical To:

Opportunity Networks  
11 Caldwell Drive  
Amherst, NH 03031  
Attention: Kim Rhault

New Hampshire Bureau of Developmental Services  
**ANNUAL PHYSICAL EXAMINATION FORM**

|                            |    |    |   |    |   |              |  |
|----------------------------|----|----|---|----|---|--------------|--|
| <b>Name:</b>               |    |    |   |    |   | <b>Date:</b> |  |
| <b>Vital Signs:</b>        | Ht | Wt | T | BP | P | R            |  |
| <b>General Appearance:</b> |    |    |   |    |   |              |  |
| <b>HEENT</b>               |    |    |   |    |   |              |  |
| Head                       |    |    |   |    |   |              |  |
| Ears/Eyes                  |    |    |   |    |   |              |  |
| Nose/Mouth/Throat          |    |    |   |    |   |              |  |
| <b>Neck:</b>               |    |    |   |    |   |              |  |
| <b>Chest:</b>              |    |    |   |    |   |              |  |
| <b>Breast:</b>             |    |    |   |    |   |              |  |
| <b>Heart:</b>              |    |    |   |    |   |              |  |
| <b>Lungs:</b>              |    |    |   |    |   |              |  |
| <b>Abdomen:</b>            |    |    |   |    |   |              |  |
| <b>Genitalia:</b>          |    |    |   |    |   |              |  |
| GYN/Testicular Exam        |    |    |   |    |   |              |  |
| <b>Rectum:</b>             |    |    |   |    |   |              |  |
| <b>Musculoskeletal:</b>    |    |    |   |    |   |              |  |
| Back/Spine                 |    |    |   |    |   |              |  |
| Extremities                |    |    |   |    |   |              |  |
| <b>Lymph Nodes:</b>        |    |    |   |    |   |              |  |
| <b>Circulatory:</b>        |    |    |   |    |   |              |  |
| <b>Neurological:</b>       |    |    |   |    |   |              |  |
| Cranial Nerves             |    |    |   |    |   |              |  |
| Reflexes                   |    |    |   |    |   |              |  |
| Sensory                    |    |    |   |    |   |              |  |
| Motor                      |    |    |   |    |   |              |  |
| Cognitive                  |    |    |   |    |   |              |  |
| <b>Other:</b>              |    |    |   |    |   |              |  |
|                            |    |    |   |    |   |              |  |

HC Provider Signature: \_\_\_\_\_

