CONTINUE ON BACK WHEN NECESSARY

Department of Veterans Affairs

MEDICAL CERTIFICATE

1. DATE	2. TIME ☐ AM ☐ PM	3. AGE	4. SEX ☐ M ☐ F	5.ON ARRIVAL PATIENT WAS: ☐ AMBULATORY ☐ STRETCHER ☐ WHEELCHAIR	6. PHONE NUMBER	7. HOMELESS ☐ YES ☐ NO

8A. ALLERGIES	8B. WEIGHT	8C. TEMPERATURE	8D. PULSE	8E. RESPIRATION	8F.B/P	8G. DUE TO INJURY ☐ NO ☐ YES

9. CURRENT MEDICATIONS

10. TRIAGE

	11. SIGNATURE

12. HISTORY AND PHYSICAL

13. DIAGNOSTIC IMPRESSIONS

14. PLAN

15A. ATTENDING OF RECORD	15B. EXAMINER'S SIGNATURE

SECTION II - FOR PATIENT

1. DISPOSITION/CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN ☐ YES ☐ NO	3. FOLLOW UP - ACTIVITY - LIMITATIONS

4. CONDITION ☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	5. DATE/TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN

IMPRINT PATIENT DATA CARD

7. PATIENT INSTRUCTIONS

I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE

VA FORM DEC 2016 **10-10M**

SUPERSEDES VA FORM10-10M, MAY1990, WHICH WILL NOT BE USED.

TIME	VITAL SIGNS				TIME	ORDERS	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	TEMP	PULSE	RESP	B/P						

CONTINUATION FROM FRONT/PROGRESS NOTE

STUDIES REQUESTED	RESULTS

SECTION II - FOR PATIENT

1. DISPOSITION/CLINIC APPOINTMENT	2. AFTER CARE SHEET GIVEN ☐ YES ☐ NO	3. FOLLOW UP-ACTIVITY-LIMITATIONS
4. CONDITION ☐ IMPROVED ☐ SATISFACTORY ☐ UNCHANGED	5. DATE/TIME OF DISCHARGE	6. SIGNATURE TO INDICATE INSTRUCTIONS GIVEN

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I CERTIFY THAT I RECEIVED AND UNDERSTAND THESE INSTRUCTIONS	8. PATIENT'S SIGNATURE