

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 6/13/11 TIME: 2:30 PT. HISTORY REVIEWED/UPDATED 1 / 1

PATIENT NAME: Ruby Henley DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt traveling to Malawi, Botswana; Zimbabwe this summer for a mission trip. Requesting oral typhoid vaccine and malaria preventative. am

Medications: Tragadeno LMP: Nyst

Temp	Pulse	Resp	BP	HT	WT	Allergies
						<u>NRMA</u>

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin Sinuses Reviewed instructions for oral typhoid vaccine. Pt received instruction sheet, brochure. Ears bracelet; reminder sticker. Pt verbalized understanding of how to take the vaccine Eyes Nose Throat Neck/Back Pt received Traveler's Health Brochure and info sheet on Traveler's Diarrhea. Heart Lungs Pt given VIS for Typhoid 5/04. Abdomen GU/GI Extremities	<u>6/30/11 @ 1125</u> Pt requesting yellow Fever vaccine. Explained possible reactions and side effects. Pt has no known risk factors that increase her risk for a serious reaction. Pt verbalized understanding of consequences. <u>10/11</u>

DIAGNOSIS:	TESTS	RESULTS

LAN: _____

CALL BACK: _____

PRACTITIONER SIGNATURE: _____

STAFF SIGNATURE: Ryan

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

