

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 4/15/13 TIME: 930 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Marian Woodman DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt traveling to Nicaragua. Is up to date on other immunizations. AM

MEDICATIONS:						LMP: _____
Temp	Pulse	Resp	BP	HT	WT	Allergies
						<u>UKMA</u>

INITIAL VISIT		RETURN VISIT
Skin	<u>Reviewed instructions for oral typhoid vaccine. Pt received reminder sticker and instruction sheet. Pt verbalized understanding.</u> <u>Pt also received hand out on traveler's diarrhea. AM</u>	
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS

PLAN: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: byew

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

JM STUDENT HEALTH CENTER
TRAVEL HEALTH HISTORY

Date 4/15/13 Name Marian M. Woodman

1. What is the reason for your visit today get immunizations for out of country travel
2. List allergies you have to medicines, foods or iodine: NO
3. List any medications or drugs you are currently taking (this would include herbal and over-the-counter as well as prescription drugs): synthroid, Detrol, Protonix, Zocor, Baby Aspirin, cranberry, vitamins
4. Have you had any of the following: (circle if this applies to you;):
 - Heart disease _____
 - Kidney disease _____
 - Stomach/Gastrointestinal disease _____
 - Diabetes/sugar _____
5. Are you immunocompromised? (Is there a problem with your immune system) Yes _____ No ☒
 - Thymus disorder (Myasthenia gravis, thymoma, thymectomy) NO
 - Spleen removed _____
 - Transplant recipient _____
 - Cirrhosis of the liver _____
 - Cancer _____
 - HIV _____
6. How often do you drink beer, wine, wine cooler, or liquor? (Please circle)
Never Rarely / 1-2 times a week / 3-4 times a week / 5 or more times a week
7. Where are you going on your trip? ~~July 4, 13, 2013~~ Nicaragua
8. How long is your trip? Months _____ Days 8
9. When are you leaving on your trip? July 6, 13

FOR FEMALES ONLY

- A. Date of your last period? 2012 Have you had a hysterectomy? YES _____ NO ☒
- B. Are you currently pregnant? YES _____ NO ☒
What is your due date? _____
- C. Do you plan to become pregnant in the next 3 months? YES _____ NO ☒
- D. Are you breastfeeding? YES _____ NO ☒