

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 9/19/16 TIME: 330 PT. HISTORY REVIEWED / UPDATED                      /                     

PATIENT NAME: Randy Alford DOB:                      AGE:                     

PRESENT COMPLAINT: Pt traveling to Madagascar in October. Country's site is now requiring yellow fever, according to their travel agent, and they will be laying out in South Africa. A waiver offer was refused by the

|             |       |      |     |    |    |           |
|-------------|-------|------|-----|----|----|-----------|
| EDUCATIONS: |       |      |     |    |    | LMP:      |
| Temp        | Pulse | Rcsp | B/P | HT | WT | Allergies |
|             |       |      |     |    |    |           |

| INITIAL VISIT                                                                                                                                                                                                                                |  | RETURN VISIT |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|
| <p>Skin <u>pt. his only health risk for a reaction is his</u></p> <p>Sinuses <u>age. PM</u></p> <p>Ears</p> <p>Eyes</p> <p>Nose</p> <p>Throat</p> <p>Neck/ Back</p> <p>Heart</p> <p>Lungs</p> <p>Abdomen</p> <p>GU/GI</p> <p>Extremities</p> |  |              |
|                                                                                                                                                                                                                                              |  |              |
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|                                                                                                                                                                                                                                              |  |              |

| DIAGNOSIS: | TESTS | RESULTS |
|------------|-------|---------|
|            |       |         |
|            |       |         |
|            |       |         |
|            |       |         |

PLAN:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CALL BACK:

PRACTITIONER SIGNATURE: \_\_\_\_\_

STAFF SIGNATURE: *[Signature]*

AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_

PHYSICIAN SIGNATURE: \_\_\_\_\_