

**AUM NURSING CARE CENTER
PHYSICAL EXAMINATION RECORD**

DATE: 4/18/07 TIME: 1:45
 PATIENT NAME: Julie Freeman DOB: 1/27/57 AGE: _____
 PRESENTATION: PE for Earw program. Hx of osteoporosis. No hx of major accident or illness. Hurt PHP-2006. See Dr. Fendles. - Comp Hep B-needs titer.
 MEDICATIONS: Premarin, CA^t LMP: Nyst.

Temp	Pulse	Resp	B/P	HT	WT	VISION SCREENING	Allergies
97.6	76		128/84	5'4.5"	155 lb	OD: 20/25 OS: 20/30	Demerol

PHYSICAL EXAMINATION: Wears corrective lenses

SYSTEM	NORMAL	SIGNIFICANT FINDINGS	INTERVENTIONS
Sinuses	✓		Blood drawn from (2) AC C-22 & vacutainer for Hep B. titer.
Eyes	✓		
Ears	✓		
Nose	✓		
Throat	✓		
Neck/Back	✓		
Heart	✓	<u>S3 S4 (m)</u>	<u>CONTRACEPTIVE COUNSELING</u>
Lungs	✓		
Abdomen	✓		
GU/GI			
Extremities	✓		

	NORMAL	FEMALE		NORMAL	MALE
Ext. Genitalia			Ext. Genitalia		
Vagina			Prostate		
Cervix			Testicles		
Bi-manual			Rectum		
Rectum			Breasts		
Breasts			Self Breast Exam taught: Yes No Self Testicular Exam taught: Yes No		

TB(PPD-Mantoux) 0.1ml ID STEP 1: _____ STEP 2: _____ Lot # <u>C290A</u> Lot # _____ MFR: <u>Quint</u> MFR: _____ Date: <u>4/18/07</u> Date: _____ Read: <u>7:30/07</u> Read: _____ Results: <u>PPU</u> Results: _____ <u>Dr. Freeman</u>		URINALYSIS: Ketones <u>0</u> Sp. Gr. <u>1.020</u> Nitrite <u>0</u> pH <u>5</u> Protein <u>0</u> Leuk <u>0</u> Glucose <u>0</u> Blood <u>0</u>			LAB TESTS: PAP _____ Hgb/Hct _____ GC _____ Rubella _____ Chlamydia _____ VDRL _____ Wet Prep _____ KOH _____ UCG _____ FSBS _____		
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ASSESSMENT / PLAN: A) normal exam
P)

SIGNATURE: Dr. Freeman PRACTITIONER SIGNATURE: [Signature] STAFF