

Twinniy

AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD

DATE: 6/2/16 TIME: 945 PT. HISTORY REVIEWED / UPDATED 1 / 1  
PATIENT NAME: Mary Adams DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
PRESENT COMPLAINT: Pt traveling to Honduras in July. Needing travel immunizations.

| VITALS: |       |      |     |    |    | LMP:      |
|---------|-------|------|-----|----|----|-----------|
| Temp    | Pulse | Resp | B/P | HT | WT | Allergies |
|         |       |      |     |    |    |           |

| INITIAL VISIT |                                               | RETURN VISIT |
|---------------|-----------------------------------------------|--------------|
| kin           |                                               |              |
| inuses        | Reviewed instructions for oral typhoid.       |              |
| lars          | Pt received instruction sheet + text reminder |              |
| Eyes          | sheet. Pt refused anti malaria medication.    |              |
| Nose          |                                               |              |
| Throat        |                                               |              |
| Neck/ Back    |                                               |              |
| Heart         |                                               |              |
| Lungs         |                                               |              |
| Abdomen       |                                               |              |
| GU/GI         |                                               |              |
| Extremities   |                                               |              |

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

PLAN:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CALL BACK:

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

STAFF

SIGNATURE: Lytt on

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

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