

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7-9-15 TIME: 9-9-15 PT. HISTORY REVIEWED / UPDATED: 1
 PATIENT NAME: Yiponda Tyne DOB: 43
 PRESENT COMPLAINT: 4% at risk of dehydration
noticed for 4.5 days. Urgency
frequency, burning & pain

LMP: 7-6-15

MEDICATIONS:

Temp	Pulse	Resn	B/P	HT	WT	Allergies
<u>99</u>	<u>80</u>		<u>131/81</u>	<u>5'7</u>	<u>161</u>	

INITIAL VISIT

BMI 25.2

INITIAL VISIT	RETURN VISIT
Skin	
Slituses	
Ears	
Eyes	
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Normal UA</u>	<u>Lipid Panel</u>	
<u>Discharge ? origin</u>	<u>Gamma</u>	

PLAN:

W/RT C LP
discharge at
Continued

CALL BACK:

Pt. Legained of
discharge
W/RT C today
for BP ✓

PRACTITIONER
SIGNATURE:

Leptant, Ann

STAFF
SIGNATURE:

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

Jarol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
P. O. Box 244023
Montgomery, AL 36124-4023
(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Yusonda Tyne Date 12-10-13
Address _____

R Levamisole 750
5
Sig: + p.o. qd x 5
Restawent M.D. or C.R.N.P.
Product Selection Permitted _____
Dispense As Written _____, M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

(334) 244-3281

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Darlene Pierce, C.R.N.P.
Lic. #1-134315
RX: 3692

Name Felix Tyne Date 12-10-13
Address _____

R Tamizex 75mg
10
Sig: + p.o. BID x 5 d
Restawent M.D. or C.R.N.P.
Product Selection Permitted _____
Dispense As Written _____, M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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RX: 3692

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Breanna Tyne Date 12-10-13
Address _____

R Tamizex 75mg
10
Sig: + p.o. BID x 5 d
Restawent M.D. or C.R.N.P.
Product Selection Permitted _____
Dispense As Written _____, M.D. or C.R.N.P.

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written

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R Levamisole 750
5
Sig: + p.o. qd x 5
Restawent

Name Yusonda Tyne Date 12-10-13
Address _____

LIC. #1-134315
RX: 3692

DEA #BF 6451520
AL #24127

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 12/10/13 TIME: 945 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Yolanda Tyre DOB: _____ AGE: _____

PRESENT COMPLAINT: Wasn't feeling good Friday; over weekend. Body aches, fever, chills, cough. Initially a head cold but has moved into chest. (Hasn't checked temp) No Flu shot

MEDICATIONS: Q LMP: BTH

Temp	Pulse	Resp	BP	HT	WT	Allergies
<u>99.3</u>	<u>104</u>	<u>98%</u>	<u>133/81</u>			<u>UKMA</u>

INITIAL VISIT		RETURN VISIT
Skin	<u>Stable symptoms</u>	
Struct	<u>wasn't resolving; then</u>	
Ears	<u>damaged, cough;</u>	
Eyes	<u>right seems to get</u>	
Nose	<u>right</u>	
Throat		
Neck/Back		
Heart		
Lung	<u>Damaged; asthma BS</u>	
Abdomen	<u>& wheezing. (+)</u>	
GU/GI	<u>non-productive cough</u>	
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Influenza A</u>	<u>Influenza A/B</u>	<u>+</u> <u>A</u>
<u>2 bacterial cough</u>		
<u>Wheezing</u>		

PLAN:

- 1) Tamoxifen 75 mg BID x 5 days
- 2) Zovirax 750 mg qd x 5
- 3) Tylenol: as needed for fever

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]

CALL BACK:
12/13 - Attempted to contact pt. but no answer at local #. Voice mailbox not set up on act. @ 12/13/13 @ 1450 - pt called. states she feels some better but over all still feels bad. Encouraged to go home, rest and drink plenty of fluids. Au

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____



AUBURN
MONTGOMERY

Auburn Montgomery Student Health Services
F A C S I M I L E

TO:

Dr. Veneer

FROM:

Carol Stewart, NP

COMPANY:

DATE:

10-11-11

FAX NUMBER:

293-6797

TOTAL NO. PAGES, INCLUDING COVER:

2

PHONE NUMBER:

SENDER'S REFERENCE NUMBER:

RE:

Yuranda Tyree

CC:

☐ URGENT

☐ FOR REVIEW

☐ PLEASE COMMENT

☐ PLEASE REPLY

☐ PLEASE RECYCLE

NOTES/COMMENTS:

Pt. has appt with you
on October 17th @ 5:20 PM

dated 10-11-11
@ 3:25 PM



REFERRAL

DATE: **October 11, 2011**

REFERRING

PHYSICIAN: **Carol Stewart, CRNP** 

REFERRAL TO: **Dr. Vereb**

FOR PATIENT: **Yulanda Tyree (DOB 11/9/71)**

Yulanda is a 39 yr. female employee at AUM who presented to our clinic with c/o discomfort on urination for more than two weeks. She states she has had the same sensation in the past and was evaluated by her gynecologist--? diagnosis. A urine dip stick was negative for WBC's and nitrites. A small amount of RBC's were present. Please evaluate. Thank you for your help.

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Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

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Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Stacey E. White, C.R.N.P.
Lic. #1-077155
RX: 1501

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Yvonda Tyra Date 10-5-11
Address _____

R Oxybutynin 5mg
Disp: 60
Sig: 4 po BID

Carol Stewart, M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/5/11 TIME: 1530

PT. HISTORY REVIEWED / UPDATED

PATIENT NAME: Yolanda Tyre

DOB: _____

AGE: _____

PRESENT COMPLAINT: Uncomfortable urination, symptoms x 2 wks. Urinating frequently is not unusual for pt. No fever or back pain. No blood in urine. No unusual discharge

EDICATIONS: Vit

LMP: 9-17-11

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.0						NKMA

INITIAL VISIT

Skin	(Cont.) ST-Red 5+ grad	RETURN VISIT
Sinuses	2+ sinus symptoms	
Ears	and was evaluated Day	
Eyes	Gyn. Discharge noted	
Nose	! on tampons	
Throat		
Neck/Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Bladder dysfunction</u>	<u>UA (see p. 8)</u>	
<u>? Bladder spasm</u>		

LAN:

CALL BACK:

Oxybutynin 5 mg
Tp. 10 B/D
W/2 sups to Unasyn
appt 2 Dr. V. Oct 17th
8:20 AM

PRACTITIONER

SIGNATURE:

Lawrence, Jr

STAFF

SIGNATURE:

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

AUM NURSING CARE CENTER PROBLEM VISIT RECORD

DATE: 8/2/10 TIME: 1350 PT. HISTORY REVIEWED / UPDATED 1
PATIENT NAME: Yolanda Tyre DOB: large clots AGE: large clots

PRESENT COMPLAINT: P4 has h/o uterine fibroids and has had heavy periods. States she received 15th Depo Provera shot to see if that would help. States she has bled for 3 months and has tried Premarin (permd) to

INDICATIONS:						LMP:
Temp	Pulse	Rcsp	B/P	HT	WT	Allergies
						UKMA

INITIAL VISIT

skin ↓ flow. % fatigue, light-headedness and not feeling right.

Sinuses 4

צא

Eyes

Nose

Throat

Neck/ Back

Heart

1. ۱۱۱۱

Abdomen

GU/GI

Extremities

RETURN VISIT

DIAGNOSIS:

TESTS

RESULTS

CBC

see lab

PLAN:

CALL BACK:

H: H today. Will notify of results tomorrow. Follow-up in MD.

PRACTITIONER

SIGNATURE:

STAFF

SIGNATURE _____

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

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Lic. #1-045437
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Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.
Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name Yolanda Tyre Date 3/30/09

Address _____

R Pyridium 200ms
T PO TID x 3 days
Disp: 9 tablets

Edwin, M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

_____, M.D. or C.R.N.P.
Dispense As Written

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Lic. #1-045437
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RX: 2230

Maryluz Fuentes, M.D.
(334) 286-3444
DEA #BF 6451520
AL #24127

Name _____ Date _____

Address _____

R Urologist Margaret Vereb
refer 2° Interstitial Cystitis

_____, M.D. or C.R.N.P.
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

_____, M.D. or C.R.N.P.
Dispense As Written

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/30/09 TIME: 11:00 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Yolanda Tyre DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms for ~ 3 wks. Frequently urination, urgency, some pain, & fever or back pain. Has tried to ↑ fluid intake to help symptoms. Has not had "UTI" bladder infection in a long time.

MEDICATIONS: Fe⁺ Under a great deal of stress LMP: 3/1/09

Temp	Pulse	Resp	BP	HR	SpO ₂	ABG/ECG
97.8	82	16				NKMA.

INITIAL VISIT		RETURN VISIT
Skin	P/H: fibroids, mild stress incontinence,	
Sinuses	UTI	
Ears	P/H: mother entered menopause @ early age	
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Possible interstitial cystitis</u>	<u>UA dipstick</u>	

PLAN: Pyridium 200 x 3d
Ref to Urologist Vereb
Patient education

CALL BACK: 4/1/09 - Spoke 2 pt States she is better will get appt from Flu with urologist. @

PRACTITIONER SIGNATURE: [Signature] CRNP STAFF SIGNATURE: [Signature] con

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

PREPARED BY AUM
REVISED/ADOPTED