

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 7/1/15 TIME: 8:50 PT. HISTORY REVIEWED / UPDATED: (2) lateral calf skin AGE:             
 PATIENT NAME: Maebell Lewis  
 PRESENT COMPLAINT: Remembers Sunday being outside and feeling a sting. Swatted at it then scratched. Noticed swelling Monday. Used alcohol, antibiotic cream. ↑ in size, red.  
 MEDICATIONS: Glizide 8mg, HTN?, pravastatin 2mg, 81 ASA LMP: Finished 6/11/15

|      |       |      |        |       |       |              |
|------|-------|------|--------|-------|-------|--------------|
| Temp | Pulse | Resp | B/P    | HT    | WT    | Allergies    |
| 98.0 | 94    |      | 127/84 | 6 @ 7 | 228.6 | NKMH (Foods) |

**INITIAL VISIT**

Skin: Painful, herts to walk.  
 Sluuses: Swim: ~ 7cm erythematous  
 Ears: Area on (R) jawline 2x  
 Eyes: SP. raised, tenderness to touch  
 Nose: pruritus  
 Throat:   
 Neck/Back:   
 Heart:   
 Lungs:   
 Abdomen:   
 GU/GI:   
 Extremities:

**RETURN VISIT**

7-7-15  
Visit in  
2 AM

DIAGNOSIS:

**TESTS**

**RESULTS**

PLAN:

**CALL BACK:**

PRACTITIONER SIGNATURE:

STAFF

SIGNATURE: [Signature]

AUDIT DATE:  COMMENTS:

PHYSICIAN SIGNATURE:

Sulfamethoxazole  
& Trimethoprim  
800/160MG  
20 Tablets  
NDC: 51855-111-20  
MFG: 61871-120-05  
Lot #: NW04100010  
Exp. Date: 8/2016

Carol 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

Maryluz Fuentes, M.D.  
(334) 286-2390  
DEA #BF 6451520  
AL #24127

Name

Maebell Lewis

Date

3/10/15

Address

R

Bactrim DS

DISP #20

sig: 1 tab PO BID x 10 days

Product Selection Permitted

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

Label all prescriptions

Refill: 1 2 3 5 PRN (1)

Dispense As Written

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

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 3/10/10 TIME: 1430 PT. HISTORY REVIEWED / UPDATED \_\_\_\_\_  
 PATIENT NAME: Ma Bell Lewis DOB: \_\_\_\_\_ AGE: \_\_\_\_\_  
 PRESENT COMPLAINT: Thinks she has a bite on back. First noticed last wk. (L) side. Been putting cream on it. Put witch hazel on it; cream, went down a little when it

MEDICATIONS: Diabetic meds, pravastatin, HTN meds LMP: \_\_\_\_\_

| Temp | Pulse | Resp | B/P    | HT   | WT    | Allergies |
|------|-------|------|--------|------|-------|-----------|
|      | 100   |      | 116/76 | 65.9 | 224.3 | NKMA      |

INITIAL VISIT 3 E. 6

| INITIAL VISIT                                                      | RETURN VISIT |
|--------------------------------------------------------------------|--------------|
| Skin <u>began to drain. Sore but not today unless</u>              |              |
| Striae <u>do not</u>                                               |              |
| Ears <u>Abscess to (D) sd. - mid-back around 3in. in diameter</u>  |              |
| Eyes <u>2 draining pustules in center area red &amp; inflamed.</u> |              |
| Nose <u>Moderate amount of purulent matter expelled</u>            |              |
| Throat <u>Mild pressure</u>                                        |              |
| Neck/Back <u>adenopathy</u>                                        |              |
| Heart <u>RRR S, S2</u>                                             |              |
| Lungs <u>CTA</u>                                                   |              |
| Abdomen                                                            |              |
| GU/GI                                                              |              |
| Extremities                                                        |              |

| DIAGNOSIS:                 | TESTS | RESULTS |
|----------------------------|-------|---------|
| <u>Abscess POSS. MRSA?</u> |       |         |
|                            |       |         |
|                            |       |         |

PLAN: CALL BACK:  
 ① Bactrim DS BID x 10d.  
 ② RTZ next week for I.D. if improvement

PRACTITIONER SIGNATURE: [Signature] STAFF SIGNATURE: [Signature]  
 AUDIT DATE: \_\_\_\_\_ COMMENTS: \_\_\_\_\_  
 PHYSICIAN SIGNATURE: \_\_\_\_\_

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

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

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iona Lazenby, C.R.N.P.  
Lic. #1-039092  
Rx: 0703  
Maryluz Fuentes, M.D.  
(334) 286-3444  
DEA #BF 6451520  
AL #24127

Name Marshall Lewis Date 6-9-08

Address \_\_\_\_\_

R

meds as Ome PK

Disp: 1

Sig: Take as directed

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

Label all prescriptions

Product Selection Permitted

Refill: 1 2 3 5 PRN NR

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

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DEA #BF 6451520  
AL #24127

Name Marshall Lewis Date 6-9-08

Address \_\_\_\_\_

R

Exporner

Disp: 16.5

Sig: 11 capsules of most

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

Label all prescriptions

Product Selection Permitted

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: 6/9/08 TIME: 1445 PT. HISTORY REVIEWED / UPDATED:                     

PATIENT NAME: maebell Lewis DOB:                      AGE:                     

PRESENT COMPLAINT: Sinus drainage / pressure x 3 days. Clear. Primary problem is the pressure around nose and eyes. Ear aching. Slight sore throat. & fever or cough. States 222 222

MEDICATIONS: & Sudafed 2 paws / states LMP:                     

| Temp | Pulse | Resp | B/P    | HT | WT | Allergies |
|------|-------|------|--------|----|----|-----------|
| 99.4 | 72    |      | 150/96 |    |    | None      |

**INITIAL VISIT**

| Skin                                                | RETURN VISIT   |
|-----------------------------------------------------|----------------|
| Sinuses <u>&amp; pressure</u>                       | 6-13-08        |
| Ears <u>T.M.E. intact, &amp; redness,</u>           | T.C.           |
| Eyes <u>Clear</u>                                   | Long term      |
| Nose <u>Congested, Red on drawing</u>               | of Rhin        |
| Throat <u>22 red, &amp; exudate</u>                 | Fe + Bone      |
| Neck/Back <u>&amp; adenopathy</u>                   | Widened region |
| Heart <u>S3 S2 S1</u>                               | on             |
| Lungs <u>Clear on xray</u>                          | supplement     |
| Abdomen <u>non-tender, &amp; hepatosplenomegaly</u> | + v 3102       |
| GU/GI <u>                    </u>                   | for quire      |
| Extremities <u>                    </u>             | Widened RTC    |
|                                                     | next wk.       |
|                                                     | — L Stewart NP |

| DIAGNOSIS:               | TESTS                    | RESULTS |
|--------------------------|--------------------------|---------|
| <u>Allergic Rhinitis</u> | <u>CBC, Chem Profile</u> |         |
| <u>Pica Consumption</u>  |                          |         |
| <u>A/O anemia</u>        |                          |         |
| <u>Hypertension</u>      |                          |         |

PLAN: CBC, Chem profile  
meds dose & PR  
Follow up 11/11/08  
9/11/08  
RTC for BP

CALL BACK: 6-10-08 T.C  
notified of date. wk +  
High Hb. La. Widened Fe, Iron  
Iron i TIBC 10 day. L Stewart

PRACTITIONER SIGNATURE: L Stewart, NP STAFF SIGNATURE:                     

AUDIT DATE: 7/11/08 COMMENTS:                     

PHYSICIAN SIGNATURE:                     

6/18/08 - Spoke to ph states she is much better. (L)  
 7/11/08 - Appt. made for 7/14/08 (L)

PROBLEM VISIT RECORD CONTINUED:

wt. 205

7-14-08

S: Stated she has been feeling  
Very well. Energy level is  
good. Consumption, Has  
been taking Fe<sup>+</sup> supplement gd.

O: Conjunctival pink.

Thyroid enlarged.

P: Repeat CBC Thyroid Profile  
will refer to Dr. Moore for  
cont eval. —————

7-16-08

Appt made E Dr. Moore.

Aug 19<sup>th</sup> 8<sup>30</sup> AM - Add Draw

Aug 25<sup>th</sup> 2 pm Physical exam  
————— (Stewart, M)

# AUBURN UNIVERSITY MONTGOMERY

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Vivian Hamlett, M.D.  
(334) 409-2800  
DEA #BH 1075197  
AL #13467

Maryluz Fuentes, M.D.  
(334) 265-5577  
DEA #BF 8451520  
AL #24127

Name Madeline Lewis Date 11-28-06

Address \_\_\_\_\_

R

gabapentin

Disp: 15 gm

Sig: qprn spanningly  
BID Lazenby 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.

1-9-08

1) am - 75 mg  $\frac{1}{2}$  p.o. BID

X 14 days  $\phi$  refilled

2) med - 75 mg PR  $\phi$  refilled

Added into Wynn Digital

Pharm 271-6457, C. 4 pm

LA Lazenby

**AUM NURSING CARE CENTER  
PROBLEM VISIT RECORD**

DATE: 11-28-06 TIME: 3:00 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: MARLENE G. GARCIA DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

PRESENT COMPLAINT: YOGURT irritation (external)  
of her vagina. Dampening Wipes  
itching & stated she was very

**MEDICATIONS:**

| Temp | Pulse | Resp | BP | HR | WT | LMP: | Address |
|------|-------|------|----|----|----|------|---------|
|      |       |      |    |    |    |      |         |

**INITIAL VISIT**

|             |                             |
|-------------|-----------------------------|
| Skin        | <u>Sensitive skin. used</u> |
| Sinuses     | <u>only very soap to</u>    |
| Ears        | <u>beats</u>                |
| Eyes        |                             |
| Nose        |                             |
| Throat      |                             |
| Neck/Back   |                             |
| Heart       |                             |
| Lungs       |                             |
| Abdomen     |                             |
| GU/GI       |                             |
| Extremities |                             |
|             |                             |
|             |                             |

**RETURN VISIT**

**DIAGNOSIS:**

|  |
|--|
|  |
|  |
|  |
|  |

**TESTS**

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|--|
|  |
|  |
|  |

**RESULTS**

|  |
|--|
|  |
|  |
|  |

**PLAN:**

**CALL BACK:**

- 1) Yohimbinol cream  
apply sparingly  
BID
- 2) RTC if not resolving

PRACTITIONER

SIGNATURE: Antwan, NP

STAFF

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

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

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