

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 9/24/14 TIME: 830 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Wanda Faust DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt needing labs drawn prior to going to primary provider. AM

MEDICATIONS:

Temp	Pulse	Resp	B/P	HT	WT	LMP:	Allergies

INITIAL VISIT

RETURN VISIT

Skin

Sinuses

Ears

Eyes

Nose

Throat

Neck/ Back

Heart

Lungs

Abdomen

GU/GI

Extremities

DIAGNOSIS: Lab draw

TESTS

RESULTS

see orders

PLAN:

Blood drawn from (L) AC to 22G
vacutainer. Pt tolerated
well. AM

CALL BACK:

PRACTITIONER

SIGNATURE: _____

STAFF

SIGNATURE: R. Jern

AUDIT DATE: _____

COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUBURN UNIVERSITY MONTGOMERY

STUDENT HEALTH SERVICES

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This is to verify that a copy of the following records and/or lab results were given to

Wanda Faust on 9/25/14
Print Patient's Name Date

Description of record(s) copied: _____

W Faust
Patient's Signature

9/25/14
Date

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 6/11/13 TIME: 8:15 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Wanda Faust DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt in for lab draw to Dr's orders. States she's been fasting. AM

MEDICATIONS:						LMP:
Temp	Pulse	Resp	BP	HT	WT	Allergies

INITIAL VISIT	RETURN VISIT
Skin	2/5/14 @ 8:30 PM in for lab draw per doctor's orders. Blood drawn from (L) AC & 22G vacutainer. Pt tolerated well. AM
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>Lab draw.</u>	TESTS	RESULTS
	<u>CMP, LFT, TSH</u>	<u>see lab</u>
	<u>Lipids, UA</u>	

PLAN:
Blood drawn from (L) AC & 22G vacutainer. Pt tolerated well. Will fax results when available. AM

CALL BACK: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/16/12 TIME: 820 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Wanda Lawst DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt in for lab draw per Dr. Fuentes orders

MEDICATIONS:

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT

RETURN VISIT

Skin	
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	TSH, Lipids,	see lab
	Hepatic Panel,	
	Bmp	

PLAN:

Blood drawn from (L) AC
226 vacutainers. Pt tolerated
well. Am
Fasted @ 915

CALL BACK:

PRACTITIONER

SIGNATURE: _____

STAFF

SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 12/14/11 TIME: 8:45 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Wanda Faust DOB: AGE:

PRESENT COMPLAINT: Pt in for lab draw (Fasting) for physicians requirements.

EDICATIONS:

Temp	Pulse	Resp	BP	HT	WT	LMP:
						Allergies

INITIAL VISIT

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

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	<u>Lipid, Panels</u>	<u>> see lab</u>
	<u>Liver</u>	

LAB: Blood drawn from (L) AC & 22G vacutainer. Pt tolerated well.

CALL BACK:

PRACTITIONER SIGNATURE:

STAFF SIGNATURE: [Signature]

AUDIT DATE: COMMENTS:

PHYSICIAN SIGNATURE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 5/26/10 TIME: 1400 PT. HISTORY REVIEWED / UPDATED: 1 / 1
 PATIENT NAME: Wanda Faust DOB: _____ AGE: _____
 PRESENT COMPLAINT: Pt was sent to NCC for a lab draw by her regular physician, Dr. Fuentes.

MEDICATIONS:

Temp	Pulse	Resp	B/P	HT	WT	LMP:
						Allergies

INITIAL VISIT

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

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	<u>Vit D</u>	

PLAN:
Blood drawn from (L) AC, w. 11
for results to MD when
available. Am.

CALL BACK:

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: Rg on
 AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

DATE: 8/28/09 TIME: 825 PT. HISTORY REVIEWED / UPDATED /

PRESENT COMPLAINT: Pt requesting lab draw ~~for~~ per physician's request. PM

LMP:

Temp	Pulse	Resp	B/P	HT	WT	EMF: Allergies

RETURN VISIT

Skin	RETURN VISIT
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	
Pl is fasting	

DIAGNOSIS: bad draw

DIAGNOSIS: <i>hwb draw</i>	TESTS	RESULTS
	<i>T3 i T4 Free</i>	<i>see lab</i>
	<i>TSH i Lipid</i>	

PLAN:

Blood drawn from (L) AC $\bar{c}$
22G vacutainer. Pt tolerated
well. Results to be faxed
when available. ~~on~~

CALL BACK:

STAFF

SIGNATURE:

PRACTITIONER

SIGNATURE:

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/1/09 TIME: 8:30 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Wanda Faust DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt in for repeat lab draw per MD's request following elevated levels in April.

MEDICATIONS:

Temp	Pulse	Resp	B/P	HT	WT	LMP:
						Allergies

INITIAL VISIT

Skln	RETURN VISIT
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	lipid profile	> see lab
	Thyroid levels	
	FBS	

PLAN:
Blood drawn from (L) AC & 22G
vacutainer. Pt tolerated well.

CALL BACK:

PRACTITIONER
SIGNATURE: _____

STAFF
SIGNATURE: Kagon

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 10/21/08 TIME: 830 PT. HISTORY REVIEWED / UPDATED: _____

PATIENT NAME: Wanda Faust DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt in for lab draw per MD's orders. Pt also requesting FBS and lipid profile since she is fasting. Will fax results to MD. AM

MEDICATIONS:

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin	<u>4/20/9 - 144/86</u> <u>Pt requesting lab draw & results to be sent to physician prior to appointment @ the end of this week. Blood drawn @ 226 vacutainer for lipid profile, T3, T4 & TSH and FBS. AM</u>
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	<u>Lipid Profile</u>	<u>> see lab</u>
	<u>TSH, T3 Free, T4 Free</u>	
	<u>FBS</u>	

PLAN:

CALL BACK:

Blood drawn from DAC @ 226 vacutainer. Pt tolerated well. Will notify of results when they arrive. AM

PRACTITIONER
SIGNATURE: _____

STAFF
SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/15/08 TIME: 840 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Wanda Faust DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt requesting lab draw / urinalysis per physician's orders. (copy of orders on chart). PM

MEDICATIONS:

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT

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

DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	<u>UA dip stick</u>	<u>see lab</u>
	<u>urinalysis, lipid</u>	<u>see lab</u>
	<u>CM², TSH</u>	

PLAN:

CALL BACK:

Blood drawn from (DAC) 22 & vacutainers.
Pt tolerating well. Reports fasting
since midnight. Urine analysis obtained
for dipstick and send out on

PRACTITIONER

SIGNATURE: _____

STAFF

SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/6/08 TIME: 905 PT. HISTORY REVIEWED / UPDATED 1 / 1
 PATIENT NAME: Wanda Faust DOB: _____ AGE: _____
 PRESENT COMPLAINT: Pt has been fasting since midnight. Requesting BS
and lipid profile. on

MEDICATIONS: ASA, Vitamin LMP: _____

Temp	Pulse	Reso	B/P	HT	WT	Allergies
						<u>NK MA</u>

INITIAL VISIT		RETURN VISIT
Skin		
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		
DIAGNOSIS: <u>Lab draw</u>	TESTS	RESULTS
	glucose profile	> see lab
	lipid profile	

PLAN: Blood drawn from @ AC @ 22 G vacutainer.
Pt tolerated well. Pt to be notified
of results. AM

CALL BACK: _____

PRACTITIONER SIGNATURE: _____

STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____