

DATE: 7/15/16 TIME: 925 PT. HISTORY REVIEWED / UPDATED /

RESENT COMPLAINT: Pt traveling to Ecuador in Sept to a friend's house on vacation. Wanting to initiate immunizations. Explained S/E of yellow fever vaccine and to report to ER if Adverse

Temp	Pulse	Resp	B/P	HT	WT	Allergies
						PCN

INITIAL VISIT	
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	RETURN VISIT
Skin	reaction occurs. Pt verbalized understanding.
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/ Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

8/16/16 @ 145
Malarone 250/100mg
Disp 18
Begin 2 days prior
to departure; continue
through stay +
for 7 days p return
& refills. Called
into Walgreens @
270-0757
R. Agnew

DIAGNOSIS: _____ _____ _____ _____	<u>TESTS</u>	<u>RESULTS</u>

<u>PLAN:</u>	<u>CALL BACK:</u>

PRACTITIONER SIGNATURE: _____

STAFF SIGNATURE: lgm

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____