

DATE: 3/29/14 TIME: 420 PT. HISTORY REVIEWED / UPDATED 1 1

PATIENT NAME: Makenzie Anthony DOB: 1/1/1998 AGE: 18

PATIENT NAME: Malawi
PRESENT COMPLAINT: Rt traveling to Malawi Africa this summer.

Needing to initiate Hep A series and Typhoid. Pt does not want a malaria preventative. RM

MEDICATIONS:	BOPs,					LMP:
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Temp	Pulse	Besn	B/P	HT	WT	Allergies
						NKMA

RETURN VISIT..

Skin	Reviewed instructions for visit.
Slit/eyes	Pt received instruction sheet, reminder
Ears	sticker, and text reminder sheet.
Eyes	Pt verbalized understanding AM
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS

CALL BACK:

PLAN:

PRACTITIONER
SIGNATURE: _____

STAFF
SIGNATURE: Rayon

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____