

LUM NURSING CARE CENTER
ADOLESCENT/ADULT HEALTH HISTORY

Date 02-09-09

Name Courtney Bagents

1. What is the reason for your visit today? _____
2. Is there anything about you and your health that we need to know? I have Hypothyroidism due to treatment for Graves Disease
- *3. List medicine, drugs, or food you are allergic to: Bactrim
- *4. List any medicines or drugs you take: Synthroid; Birthcontrol (Cryselle) (5mg/day)
5. Have YOU or anyone in your family had any of the following: (circle)

heart disease
high blood pressure
stroke

diabetes/sugar
blood problem or disease
cancer

tuberculosis
birth defects
mental retardation

nerve or mental problems
asthma
died before age 50
other "family" disease

6. Have you ever been in the hospital? NO Why? _____
7. Have you ever had surgery? NO Why? _____
8. Have you ever had a serious accident? NO
9. Have you had serious or recent problems with:

ears or throat NO YES
allergies NO YES
lung infections NO YES

cough NO YES
thyroid NO YES
skin problems NO YES

kidneys NO YES
weight loss NO YES
ulcers NO YES

gallbladder NO YES
liver NO YES
depression NO YES
headaches NO YES

10. Have you ever had a seizure, convulsion, or "falling out" spell? NO YES
11. Have you ever had a blood clot in your lungs, legs or anywhere? NO YES
- *12. Have you ever smoked cigarettes or used smokeless tobacco? NO YES
If yes, are you an: Ex-smoker? Smoking now? Do you smoke (less) (more) than a pack a day?
How much smokeless tobacco do you use a day? _____
- *13. How often do you drink beer, wine, wine coolers, or liquor?
Never Rarely 1-2 times a week 3-4 times a week 5 or more times a week
If you drink beer, wine, wine coolers, or liquor, do you have:
(less) (more) than 5 drinks a day?

- *14. Have you ever used marijuana, cocaine, crack or other drugs? NO YES
- *15. Have you ever used I.V. drugs? NO YES
16. Have you ever had a blood transfusion? NO YES
17. Do you have any tattoos? NO YES
18. Have you ever been treated for a venereal disease? NO YES
19. Have you had more than one sex partner in the past 5 years? NO YES
20. Have you ever had sex with a member of your own sex? NO YES
21. Have you had or been around anyone with hepatitis? NO YES
22. Would your sex partner(s) answer Yes to any of the questions 14-22? NO YES

FOR FEMALES ONLY

- A. How old were you when you started your periods? 11-12 Date of your last period? Jan-26-31, 2009
How often do you have your periods? every 28 days Are they regular? yes
How many days do they last? 5-8
Do you have: (circle) bad cramps bleeding or spotting between periods unusual discharge
- B. Do you have any problems with your breasts (lumps, discharge, or other)? NO YES
Do you check them regularly? YES NO
- *C. How many times have you ever been pregnant? 0 How many children are living? _____
Have you ever had any children born dead; any stillbirths; miscarriages, or abortions? NO YES
Were any of your children premature? NO YES
How old were you when your first child was born? _____
- D. Have you ever used: (circle NO/YES) birth control pills? NO YES; foam? NO YES; condoms? NO YES; IUD? NO YES;
diaphragm? NO YES
- E. Did you have problems with any of these methods? NO YES
- F. Have you ever had an abnormal PAP smear? NO YES

FACSIMILE TRANSMISSION

MONTGOMERY COUNTY HEALTH DEPARTMENT
3060 MOBILE HIGHWAY
MONTGOMERY, AL 36108
(334) 293-6429 PHONE
(334) 293-6404 FAX

TO: AUM Nursing School

FAX: (334) 244-3396

ATTN: Amy Morris

FROM: MEDICAL RECORDS

DATE: 1/14/2009 TOTAL PAGES: 2

REMARKS: Courtney Bagents DOB: 4/24/87

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Memo

Date: 12/11/2008

To: Courtney Bagents

From: Amy Morris, M.P.A., R.N., B.C.

RE: Hepatitis B vaccinations

This is a reminder that documentation of your third (3rd) Hepatitis B must be on file in the Student Health Center by January 7, 2009. Students without documentation will be withheld from participating in clinicals the Spring semester. If you have any questions regarding this, please do not hesitate to call me at 244-3281 or refer to the School of Nursing Handbook.

A.M.

12/11/2008

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/9/09 TIME: 140 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Courtney Bagents DOB: _____ AGE: _____

PRESENT COMPLAINT: Started having problems swallowing Friday afternoon, particularly on the side, then had high fever. Resolved the next day then reoccurred later in the day. More drainage yesterday and today. Also had some

Medications: Synthroid, PC LMP: 1/26/09

Temp	Pulse	Reso	B/P	HT	WT	Allergies
99.5	92	16				Sulfa

INITIAL VISIT

INITIAL VISIT		RETURN VISIT
Skin	purple, red "splotches" develop on face yesterday	
Sinuses	that have also not resolved. Temp max 102°	
Ears	Friday.	
Eyes		
Nose		
Throat	2mm-3mm fluctuance @ post pharynx airway intact	
Neck/Back	lymphadenopathy @ ant/post cer. chain	
Heart	RRR S1S2	
Lungs	@ CTA	
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS: <u>Pharyngeal abscess</u>	TESTS	RESULTS

PLAN:
Pred pack 4mg daily x 5 days
refer to ENT for definitive care
Called Dr. Noble Andersen - can see pt
Feb 18 0900 Wed 2:30pm
Advised pt to RTC if S/S persist/worsen.

CALL BACK:
2/13/09 - spoke to pt. States she feels
much better, has one day of mucus left
will see Dr. Andersen as scheduled.

PRACTITIONER SIGNATURE: AM RMP

STAFF SIGNATURE: Ag on

AUDIT DATE: 3.6.09 - COMMENTS: _____

PHYSICIAN SIGNATURE: Influence



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COURTNEY D BAGENTS

Contract Number

IBU856709782

Group Number

91103

HEALTH

R

Effective Date

12-01-2008

BS Plan

510

BC Plan

010

PAC

individual **Blue.**

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/17/10 TIME: 135 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Courtney Bagents DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began Monday = nasal drainage. Sorethroat the next day. (+) sinus pressure; in head. No known fever (+) chills, slight body aches. @ HA Slight, non productive cough. (+) fatigue * In October and

MEDICATIONS: BC, synthroid 125mcg LMP: 3 wks 1/25/10

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.6	84		96/64			Sulfa

INITIAL VISIT	
Skin	December had similar episodes she has been seen
Sinuses	at the MD for, treated = Amoxil.
Ears	(+) fluid, @ redness
Eyes	Swollen; 30 pressures
Nose	Congestion
Throat	Red
Neck/Back	@ adenopathy
Heart	S3 S2 S4
Lungs	Clear, @ non productive cough
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Upper resp Congestion</u>		
<u>sinusitis</u>		

PLAN: 1) Meds as ordered OK
2) Pantin 10mg OTC
PRC if not resolving

CALL BACK: 2/25/10 - left message to call NCC @
2/26/10 - left message to call NCC @

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

AUDIT DATE: _____ COMMENTS: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/11/10 TIME: 1045 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Courtney Bagents DOB: _____ AGE: _____

PRESENT COMPLAINT: Sore throat Monday night, @ nasal drainage. Then, yesterday cough. occasional ear pain due to pressure. @ chills, No known fever or night sweats. No body aches. Drainage is greenish / yellow.

MEDICATIONS: Synthoid, BCB BCP LMP: 2/21/10

Temp	Pulse	Resp	BP	HT	WT	Allergies
<u>98.5</u>	<u>68</u>		<u>104/66</u>			<u>S/Fu</u>

INITIAL VISIT

Skin <u>Sore throat is resolving. Took H₁N₁ shot</u>	RETURN VISIT
Sinuses <u>@ pressure</u>	
Ears <u>@ old drip. @ redness</u>	
Eyes <u>Clear</u>	
Nose <u>Congested</u>	
Throat <u>2+ red. @ exudate</u>	
Neck/ Back <u>@ adenopathy</u>	
Heart <u>3'5" 5 (m)</u>	
Lungs <u>Clear, @ cough</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:

Sinusitis
Sinusitis
Medication - Unresponsive

TESTS

RESULTS

PLAN:

- 1) Meds as Dose qK
- 2) Zileuton 200mg
- 3) Nasal Saline Spray

CALL BACK:

3/16/10 - left message to call NCC @

PRACTITIONER
SIGNATURE: [Signature]

STAFF

SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____