

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 9/14/16 TIME: 11:05 PT. HISTORY REVIEWED / UPDATED 1 / 1
 PATIENT NAME: Tammy Hudson DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt in to initiate Hep A vaccine series prior to trip to Haiti.
Reviewed instructions for oral typhoid vaccine. Pt was given an
instruction sheet. Was also provided with instruction sheets on Zika, Dengue

EDUCATIONS:						LMP:
Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT		RETURN VISIT
Skin	<u>and check fevers and mosquito bite prevention.</u>	
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS

PLAN:

CALL BACK:

PRACTITIONER
 SIGNATURE: _____

STAFF
 SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____

PROBLEM VISIT RECORD CONTINUED: