

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11/29/16 TIME: 3:20 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Faye Ayeni DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt into clinic for vaccines to travel in Dec. to Nigeria. Discussed
pt earlier in the day and she plans to receive Hep A, MCV4 and
IPV @ @ MDS office as this will be covered under insurance. She

EDICATIONS:						LMP:
Temp	Pulse	Resn	B/P	HT	WT	Allergies
						<u>NKMA</u>

INITIAL VISIT

Skin checked with her work and she is up to date on Td.

Sinuses Pt has no known risk factor that would increase

Ears her chances for a yellow fever reaction.

Eyes Discussed s/s of adverse reactions and side effects.

Nose Pt verbalized understanding. AM

Throat _____

Neck/ Back _____

Heart _____

Lungs _____

Abdomen _____

GU/GI _____

Extremities _____

RETURN VISIT

DIAGNOSIS: _____

TESTS

RESULTS

CALL BACK:

PLAN:

PRACTITIONER
SIGNATURE: _____

STAFF
SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____