

Confidential Medical History Form

AUM Student Health Services

Name Melissa Reck Date of Birth 02-04-73

PAST/CURRENT PERSONAL MEDICAL HISTORY: Have **YOU EVER** had any of the following?

Heart/Lungs ☐ Asthma ☐ Heart Disease (<i>valve, vessel, rheumatic, etc.</i>) ☐ Heart Murmur ☒ High Blood Pressure ☐ High Cholesterol ☐ Pneumonia	Stomach/Bowel ☐ Celiac Disease ☐ Irritable Bowel Syndrome ☐ Stomach/Duodenal Ulcers ☐ Ulcerative Colitis/Crohn's ☐ Other Liver, Stomach, or Bowel Disease	Hematology/Oncology ☐ Anemia ☐ Bleeding Disorders ☐ Blood Clots/Clotting Disorders ☐ Cancer ☐ Radiation Therapy	Anesthesia History ☐ Difficult intubation ☐ Malignant hyperthermia ☐ Post Op Nausea or Vomiting (PONV) ☐ Pseudocholinesterase Deficiency ☐ Spinal headache	STDs ☐ Chlamydia ☐ Genital Herpes ☐ Genital Warts ☐ Gonorrhea ☐ HPV ☐ Other STD	
Endocrine ☐ Adrenal Disorders ☐ Diabetes ☐ Polycystic Ovary Syndrome (PCOS) ☐ Thyroid Disorder	Neurological ☐ Concussions ☐ Convulsions/Seizures ☐ Migraines/Severe Headaches ☐ Multiple Sclerosis ☐ Muscular Dystrophy ☐ Stroke/TIA	Orthopedics ☐ Arthritis ☐ Fractures/Broken Bones	Surgical History ☐ Appendectomy ☐ Adenoidectomy ☐ Ear Tubes ☐ Gallbladder Removal ☐ Knee ACL Repair L R ☐ Knee Arthroscopy L R ☐ Organ Transplant ☐ Ovarian Cyst Removal ☐ Splenectomy ☐ Tonsillectomy ☐ Weight Loss Surgery ☐ Other Prior Surgeries	OB/GYN History ☐ Endometriosis ☒ Pregnancies #: <u>3</u>	
Kidney ☐ Chronic Kidney or Bladder Disease ☐ Kidney Stones	Mental Health ☐ ADHD ☐ Alcohol Abuse ☐ Anorexia (<i>Eating Disorder</i>) ☐ Anxiety Disorder ☐ Bulimia (<i>Eating Disorder</i>) ☐ Depression ☐ Drug Dependency ☐ Other Mental Health Problems	Infectious Diseases ☐ Chickenpox/Varicella ☐ Hepatitis Type: ☐ HIV Infection ☐ Infectious Mononucleosis ☐ Malaria ☐ Mumps ☐ Tuberculosis ☐ Typhoid Fever	Exercise History ☐ Lack of exercise ☒ Exercising regularly Moderate Exercising <i>Walking briskly, water aerobics, etc.</i> ☐ Less than 3 times per week ☒ 3 or more times per week Strenuous Exercising <i>Running, swimming laps, etc.</i> ☐ Less than 3 times per week ☐ 3 or more times per week		
Ears/Eyes/Nose/Throat ☐ Chronic Sinus Infections ☐ Eye Disorders (<i>other than glasses or contacts</i>) ☐ Hearing Loss ☐ Nasal Allergies/Hayfever					
		Skin ☐ Eczema ☐ Psoriasis ☐ Hives			

☐ NO Significant Health Problems

List Medications: _____

Allergies

Have you ever had an allergic reaction? ☐ Yes ☒ No

Medication Allergies: _____

Food Allergies: _____

Other Allergies (latex, bee stings, etc.): _____

Other History

☐ Previous Hospitalizations _____

☐ OTHER Health Problems _____

Does **YOUR IMMEDIATE FAMILY** have any of the following?

☐ Adopted (Family history unknown)

	Mother	Father	Siblings	Grandparents
Alcoholism				
Blood Clots/Clotting Disorders				
Cancer	Breast			
	Colon			
	Melanoma			
	Other Cancers (List Type)	Colon		
Diabetes				✓
Drug Dependency				
Heart Disease				
High Blood Pressure		✓		✓
High Cholesterol				✓
Mental Illness				
Stroke				
Sudden Cardiac Arrest (under age 50)				
Other (Please explain)				
Parent Deceased		✓		

What is your gender?

- ☒ Female
- ☐ Male
- ☐ Transgender
- ☐ Other

What is your sexual orientation?

- ☒ Heterosexual (Straight)
- ☐ Gay or Lesbian
- ☐ Bisexual
- ☐ Other

Abuse History

As violence is a problem in many families, we ask these questions to ALL patients.

- Verbal Abuse ☐ Yes ☒ No
- Physical Abuse ☐ Yes ☒ No
- Sexual Abuse ☐ Yes ☒ No

Drug History

Do you take recreational drugs? ☐ Yes ☒ No

How much? _____ How often? _____ What type? Marijuana Cocaine Meth Heroin Spice Other _____

Sexual History

Sexually active? ☒ Yes ☐ No ☐ Not currently

Partners ☒ Male ☐ Female ☐ Both

Birth Control/Protection - Please circle:

Abstinence Birth Control Pills Cervical Cap Condom Diaphragm Implant Injection IUD Patch

Post-menopausal Rhythm Spermicide Sponge Surgical Vaginal Condom Withdrawal Other see comments None

Last Menstrual Cycle 9.16.16 Last PAP 06.15 Normal Abnormal (Circle)

Comments:

Tobacco Use History

- ☐ Current every day
- ☐ Current some days
- ☐ Former smoker
- ☐ Heavy tobacco smoker
- ☐ Light tobacco smoker
- ☒ Never smoker
- ☐ Passive smoker - never smoked

Please circle:

Type used: Cigarettes Pipe Cigars Hookah E-cigs Chew

Packs/day: 0.25 0.5 1 1.5 2 3

Years: 0.5 1 2 2 4 5 10

Alcohol Use History

- ☐ Current every day
- ☐ Current some days
- ☐ Former drinker
- ☐ Heavy drinker
- ☒ Social drinker
- ☐ Never drinks

Please circle:

Type used: Beer Wine Liquor

Drinks/day: 0.25 0.5 1 1.5 2 3 4 5

Years: 0.5 1 2 2 4 5 10

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/19/15 TIME: 1410 PT. HISTORY REVIEWED / UPDATED: _____

PATIENT NAME: Melissa Beck DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms since Sun. Non-productive cough. can't get warm. Nasal congestion. feels like something is on chest. 1 night sweats. 1 HA or body aches.

MEDICATIONS: HCTZ-lisinopril 12.5 Coriciden LMP: 1/21/15

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.6	84	100%	143/96	62.7	210.5	NKMA

INITIAL VISIT		RETURN VISIT
Skin	<u>WID</u>	
Slituses	<u>Pressure over max</u>	
Ears	<u>T.M. intact. 1 submax, 1 3rd</u>	
Eyes	<u>Clear</u>	
Nose	<u>Congested</u>	
Throat	<u>Red, 1 exudate</u>	
Neck/Back	<u>1 Cervical adenopathy</u>	
Heart	<u>0'3"5 (M)</u>	
Lungs	<u>Clear 2/3, non-productive cough</u>	
Abdomen	<u>Non-tender</u>	
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS
<u>Bronchitis</u>		
<u>Sinusitis</u>		
<u>Adenitis</u>		

PLAN: Prednisone 5mg
dose qd
azithromycin 250
dose qd
RTC 1g not necessary

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

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

CALL BACK: 2/23/15 - left message to call SHS
2/24/15 - Pt. states she feels much better this time.

PREDNISONE 5MG
 NDC# 00603-5337-11
 LOT# S014P14
 04/2016
 21 TAB

AZITHROMYCIN 250M
 NDC# 50111-0787-6
 LOT# 230113
 11/2015
 6 TAB

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 9/30/14 TIME: 120 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Melissa Reck DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt snipped 3rd digit on (L) hand w a pair of sissors while trimming roses. Bled profusely immediately afterwards. States last TD ~~was~~ was last Fall 2013.

MEDICATIONS:

Temp	Pulse	Resp	B/P	HT	WT	LMP:	Allergies

INITIAL VISIT

RETURN VISIT

Skin

Sinuses

Ears

Eyes

Nose

Throat

Neck/ Back

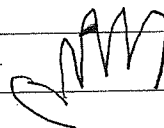
Heart

Lungs

Abdomen

GU/GI

Extremities

 Small laceration to 3rd "pad" of (L) hand.

Cleaned w H₂O₂ & sterile water.
Bandage applied.

DIAGNOSIS:

TESTS

RESULTS

CALL BACK:

PLAN:

PRACTITIONER

SIGNATURE:

STAFF

SIGNATURE:



AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 7/11/12 TIME: 935 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Melissa Reck DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began Monday -> Cough, sneezing, ⊕ nasal drainage
& sore throat. Drainage clear. HA Monday. Monday chills
& body aches ^{worst} symptom is congestion

MEDICATIONS: OTC cold meds Wisinopril / HCTZ 12.5 LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies
98.6			98/62			NKMA

INITIAL VISIT

Skin	RETURN VISIT
Sinuses <u>⊕ pressure</u>	
Ears <u>Tm's intact, ⊕ good</u>	
Eyes <u>Clear</u>	
Nose <u>Congested</u>	
Throat <u>Sore, ⊕ exudate</u>	
Neck/Back <u>⊕ Adenopathy</u>	
Heart <u>S1 S2 S3 (m)</u>	
Lungs <u>Clear, ⊕ cough</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
<u>Viral upper resp infection</u>		
<u>Infection</u>		
<u>Sinusitis</u>		

PLAN: OTC cold meds
Meches Dosepak

CALL BACK:
7/23/12 - left message to call rec. (R)
7/11/12 Attempted to contact pt. unsuccessful

METHYLPREDNISOLONE
 NDC# 50746-001-03
 LOT# 0P687
 12/31/2012
 21 TABLETS

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

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

PROBLEM VISIT RECORD CONTINUED: Melissa Rec DOB 2/4/73

12/8/09 @ 105 ^① 130/108 ^② 152/104

130 154/108

200 148/110

230 136/98

12/9/09 @ 915 122/86

AUBURN MONTGOMERY
STUDENT HEALTH CENTER
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Montgomery, AL 36124-4023
(334) 244-3281

Carol Stewart, C.R.N.P.
Lic. #1-045437
Rx: 1178

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Elizabeth H. McIntosh, C.R.N.P.

Lic. #1-096551
RX: 2230

Maryluz Fuentes, M.D.

(334) 286-3444

DEA #BF 6451520

AL #24127

Name

Address

Date

12-8-09

R

Ornaxin 50mg
Disg: 30
Sig: + Q.O tid x10d
Laplace et
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN (NR)

Dispense As Written

M.D. or C.R.N.P.

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(334) 286-3444

DEA #BF 6451520

AL #24127

Name

Address

Date

12-8-09

R

Ornaxin 50mg
Disg: 30
Sig: + Q.O tid x10d
Laplace et
Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN (NR)

Dispense As Written

M.D. or C.R.N.P.

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RX: 2230

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(334) 286-3444
DEA #BF 6451520
AL #24127

Name

Date

Address

Mediana Rosa 12-8-09

R

Guerrero Hctz 10/12-5mg
Disg 30
Disg 10
N

M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

M.D. or C.R.N.P.

Dispense As Written

Refill: 1 2 3 5 PRN (NR)

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 12/8/09 TIME: 1305 PT. HISTORY REVIEWED / UPDATED: 1

PATIENT NAME: Melissa Reck DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began Sat. evening cough & ear ache (L). Feels sinus pressure, no drainage. Some chills. (+) fatigue. No known fever. HA flon.

MEDICATIONS: HTCZ, 800mg Ibuprofen LMP: 11/22/09

Temp	Pulse	Resp	BP	HT	WT	Allergies
99.1	76		130/08			NKMA

INITIAL VISIT: 2 152/104

Skin	RETURN VISIT
Sinuses (+) pressure over max	12/19/09 @ 9:15
Ears TM's intact, & redness (+) PPD	122/86 HA RN
Eyes L Dm	
Nose Congested	
Throat Red, & exudate	
Neck/Back & anterior-posterior	
Heart S1 S2 S3 (m)	
Lungs BS crackles & wheezing	
Abdomen & cough	
GU/GI	
Extremities 12° pm BP 134/108	
27° pm BP 142/110	
23° BP 136/98	

DIAGNOSIS:	TESTS	RESULTS
1) Sinusitis	4) Laminogram / Hctz 20/12.5	
2) Otitis media	+ 8.0 g/d	
3) Elevated BP	5) RTC in Am	

PLAN:

- 1) Lorazepam 0.1mg q 1hr
- 2) Lorazepam 0.1mg q 1hr
- 3) Meds as PK
- 4) Maxiprime 500mg tid x 10d

CALL BACK: rev

12/9/09 - spoke to pt she states she is about the same. B/P is better today. will RTC if peric

PRACTITIONER SIGNATURE: Latane et, no STAFF SIGNATURE: Ang on

AUDIT DATE: _____ COMMENTS: No Aunts in

PHYSICIAN SIGNATURE: _____

PREPARED BY AUM NCC

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

Symptoms began Sunday

DATE: 11/3/09 TIME: 9:00

PT. HISTORY REVIEWED / UPDATED

PATIENT NAME: Melissa Reck

DOB:

AGE:

PRESENT COMPLAINT: Coughing, cough. No fever. Sore throat has resolved. Drainage is yellow. No night sweats or body aches. (+) fatigue. No HA.

MEDICATIONS: HCTZ Took this A.M.

LMP: 10/24/09

Temp	Pulse	Resp	AB/P	HT	WT	Allergies
98.3	76	97%	132/98			NKMA

INITIAL VISIT

Skin	Prima to begin 2 days
Sinuses	0 pressure
Ears	Tr's distinct, 0 redness
Eyes	Clear ? 3/3
Nose	Longation
Throat	Red, 0 exudate
Neck/Back	0 tenderness. Bay
Heart	S' 52 E M
Lungs	Clear, 28 breaths
Abdomen	
GU/GI	
Extremities	

RETURN VISIT

DIAGNOSIS:

Upper respiratory infection

TESTS

RESULTS

PLAN:

Methadone 0.25 qk
Lorazepam as
Zyrtec prn

CALL BACK:

METHYLPREDNISOLONE
NDC# 5074600103
LOT# 8K065
11/30/2010
21 TABS

PRACTITIONER
SIGNATURE:

STAFF

SIGNATURE:

AUDIT DATE:

COMMENTS:

PHYSICIAN SIGNATURE:

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11/6/08 TIME: 1350 PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Melissa Reck DOB: _____ AGE: _____

PRESENT COMPLAINT: Symptoms began Monday w drainage, cough, ⊕ body aches. sore throat, HA has resolved. Yellow-green drainage, low-grade temp. ⊕ chills. Family members w similar symptoms.

EDICATIONS: ACT-2 LMP: 10/13/08

Temp	Pulse	Respir	B/P	HT	WT	Allergies
99.7	68		128/98			N/A

INITIAL VISIT

INITIAL VISIT	RETURN VISIT
Skin	
Sinuses	
Ears <u>TM slightly bulging</u>	
Eyes	
Nose	
Throat <u>Slightly erythematous</u>	
Neck/Back <u>⊕ enlarged lymph nodes noted</u>	
Heart <u>Regular ⊕ gallop 3 or 4 murmurs noted</u>	
Lungs <u>EBB's CTA</u>	
Abdomen	
GU/GI	
Extremities	

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

PLAN:
Cipro 500mg TID BID x10 days
Medrol Dose Pack as directed
Push Furo

CALL BACK:
11/12/08 - Spoke to pt states she is feeling better than last wk but not completely well. (Ⓢ)

CIPROFLOXACIN
600MG
20 Tablets
NDC: 51855-118-52
Lot: H00230707
Exp: 08/31/2009
Mfg NDC: 6050513091
METHYLPREDNISOLONE
NDC# 6974600103
1018 750010
01/31/2010
21 TABS

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

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUBURN UNIVERSITY MONTGOMERY

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Lic. #1-045437
Rx: 1178

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(334) 244-3281

Ramona Lazenby, C.R.N.P.
Lic. #1-039092
Rx: 0703

Vivian Hamlett, M.D.
(334) 409-2800
DEA #BH 1075197
AL #13467

Maryluz Fuentes, M.D.
(334) 265-5577
DEA #BF 8451520
AL #24127

Name Melissa Ruck Date 11-30-07

Address _____

R

medroxyprogesterone

Disp: 1

Sig: Take as directed

Carol Stewart

M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

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(334) 265-5577
DEA #BF 8451520
AL #24127

Name Melissa Ruck Date 11-30-07

Address _____

R

Loratadine 10mg

Disp # 30

Sig: 1 p.o. qd for allergy symptoms

Carol Stewart

M.D. or C.R.N.P.

Product Selection Permitted

Label all prescriptions

Refill: 1 2 3 5 PRN NR

Dispense As Written _____, M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 11-30-07 TIME: 10:30 A PT. HISTORY REVIEWED/UPDATED 1 / 1

PATIENT NAME: medina Perez DOB: _____ AGE: _____

PRESENT COMPLAINT: (+) pressure over max : fronted
sinus, & sore throat, & fever, (+) sneezing
since 5-10-07

ALLERGIES: HCTZ 12mg qd LMP: 11-20-07

Temp	Pulse	Resp	BP	HT	WT	Allergies
<u>98.3</u>	<u>70</u>		<u>130/84</u>			<u>NK MA</u>

INITIAL VISIT

Skin	RETURN VISIT
<u>Sx pressure over max</u>	
<u>rm's intact (+) good</u>	
<u>Clear</u>	
<u>Longitudinal sneezing</u>	
<u>29 red, & exudate</u>	
<u>& Cervical adenopathy</u>	
<u>3'3" 5 (10)</u>	
<u>Clear fluid, non-productive</u>	
<u>cough</u>	

DIAGNOSIS:	TESTS	RESULTS
<u>Upper respiratory infection / allergic</u>		
<u>sinusitis</u>		
<u>Medic</u>		

PLAN: 1) med. of Dose PK CALL BACK: 12/4/07 - Gt message to call NCC. (N)
2) Lorazepam 10mg
1 p.o qd
3) RT c. lip symptoms
not improving

PRACTITIONER SIGNATURE: Dr. [Signature] STAFF SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 10-8-07 TIME: 2:25 PM PT. HISTORY REVIEWED / UPDATED: 1 / 1

PATIENT NAME: Melissa Reese DOB: _____ AGE: _____

PRESENT COMPLAINT: 40 pain in @ shoulder: R side
X several days. No trauma injury

MEDICATIONS: Ø

LMP: _____

Temp	Pulse	Resn	B/P	HT	WT	Allergies
						NK m A

INITIAL VISIT

Skin	RETURN VISIT
<u>marked swelling: @</u>	
<u>tendermess arm palpation</u>	
<u>of @ shoulder: scapula</u>	
<u>area. Extension of</u>	
<u>shoulder: rotation</u>	
<u>gradual pain</u>	
<u>Neck/Back</u>	
<u>Heart</u>	
<u>Lungs</u>	
<u>Abdomen</u>	
<u>GU/GI</u>	
<u>Extremities</u>	

DIAGNOSIS:

Shoulder/trauma
pain

TESTS

RESULTS

PLAN:

1) Meds of Pain. Paro
2) no heavy lifting

CALL BACK:

10-16-07 T.C
status all pain
now resolved.

METHYLPREDNISOLON
NDC# 59746-001-03
LOT# 6K036
11/30/08
21 TABS

PRACTITIONER

SIGNATURE: [Signature]

STAFF

SIGNATURE: _____

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

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AL #13467

Maryluz Fuentes, M.D.
(334) 265-5577
DEA #BF 8451520
AL #24127

Name Mediana Rector Date 3-2-07

Address _____

R

Zitrimax 2000
Drops: 1
sig: 1 drop 4 times a day
Lot: 1000000

Label all prescriptions

Product Selection Permitted

M.D. or C.R.N.P.

Refill: 1 2 3 5 PRN NR

Dispense As Written

M.D. or C.R.N.P.

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 3/2/07 TIME: 045 PT. HISTORY REVIEWED / UPDATED: 1 / 1
 PATIENT NAME: Melissa Rock DOB: AGE:

PRESENT COMPLAINT: Symptoms 12 days. Had bronchitis 2 weeks ago that resolved.
⊕ ear fullness, congested but no nasal drainage. ⊕ fever 101.4.
Sore throat, cough in AM

MEDICATIONS: MVI LMP: 2/27/07

Temp	Pulse	Resp	BP	HT	WT	ABG/SpO2
99.0	84		142/100			

 INITIAL VIST: 138/94 MM NKMA

SKIN	RETURN VISIT
Sinuses <u>⊕ pressure</u>	
Ears <u>TM's intact ⊕ fluid</u>	
Eyes <u>Clear</u>	
Nose <u>Longerated</u>	
Throat <u>Red, tender 2⁺⁺, ⊕ exudate</u>	
Neck/Back <u>⊕ tenderness</u>	
Heart <u>S1 S2 S3</u>	
Lungs <u>Clear bil, ⊕ crackles</u>	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS:	TESTS	RESULTS
1) <u>Acute sinusitis</u>	<u>Quincke Strep</u>	<u>⊖</u>
2) <u>Upper respiratory tract infection</u>	<u>TSS test</u>	<u>See</u>
3) <u>Pharyngitis</u>	<u>Leptore</u>	<u>See</u>

CALL BACK:

- 1) Zithromax 2 tabs
 - 2) Moderat dose pain
 - 3) Acetaminophen
- 000/30 7/12

3/13/07 - Spoke 2 pt. stated she is feeling better. ⊕

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

AUDIT DATE: COMMENTS:
 PHYSICIAN SIGNATURE:

METHYLPREDNISO
 NDC# 50746-001
 LOT# 6D004
 14/30/2009
 91 TABS

QUAIPRENIN
 DEXTROMETHORPHAN HBr ER
 20 Tablets
 NDC: 81055-700-52
 Lot: H00250802
 Exp: 08/31/2008

ADOLESCENT/ADULT HEALTH HISTORY

Date _____

Name _____

1. What is the reason for your visit today? Sore Throat, congestion, Cough, ears full
2. Is there anything about you and your health that we need to know? no
3. List medicine, drugs, or food you are allergic to: none
4. List any medicines or drugs you take: daily vitamin
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? yes Why? child birth
7. Have you ever had surgery? yes Why? tubes tied
8. Have you ever had a serious accident? no
9. Have you had serious or recent problems with:

ears or throat	NO YES	cough	NO YES	kidneys	NO YES	gallbladder	NO YES
allergies	NO YES	thyroid	NO YES	weight loss	NO YES	liver	NO YES
lung infections	NO YES	skin problems	NO YES	ulcers	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? 13 Date of your last period? started 9/27/07
 How often do you have your periods? once a month Are they regular? yes
 How many days do they last? 4-5
 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? 3 How many children are living? 3
 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