

AUM NURSING CARE CENTER
PROBLEM VISIT RECORD

DATE: 6/9/16 TIME: 930 PT. HISTORY REVIEWED/UPDATED / /

PATIENT NAME: Allie Berny man DOB: AGE:

PATIENT NAME: Althea Perryman DOB: AGE:

PRESENT COMPLAINT: Pt traveling to Malawi, Africa. Needing to
up date her typhoid. All other immunizations are
up to date.

MEDICATIONS:

LMP:

Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT

RETURN VISIT

	RETURN VISIT
Skin	
Sinuses	
Ears	
Eyes	
Nose	
Throat	
Neck/Back	
Heart	
Lungs	
Abdomen	
GU/GI	
Extremities	

DIAGNOSIS.	TESTS	RESULTS

PLAN

CALL BACK:

PRACTITIONER SIGNATURE: _____

STAFF SIGNATURE: John A.

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____