

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 5/2/18 TIME: 1030 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Evan Shepard DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt traveling to Ecuador for 2 months this summer.
Requesting anti-malarial prescription. Due to time in country, the
decision was made to place pt on Doxycycline 100mg. Pt agreed.

EDUCATIONS:

LMP: _____

Temp	Pulse	Resp	B/P	HT	WT	Allergies

INITIAL VISIT

RETURN VISIT

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

DIAGNOSIS: _____

TESTS

RESULTS

CALL BACK:

PLAN:

PRACTITIONER

SIGNATURE: _____

STAFF

SIGNATURE: _____

AUDIT DATE: _____

COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 6/24/14 TIME: 3:10 PT. HISTORY REVIEWED / UPDATED 1 / 1

PATIENT NAME: Evans Shepard DOB: _____ AGE: _____

PRESENT COMPLAINT: Pt traveling to Ecuador for a month long mission trip. Discussed pros/cons of both Malarone and Doxycycline. Pt decided to take malarone. Was provided with information

EDUCATIONS:

Topic	First	Rate	RP	HT	MT	LMP:
						UKMA

INITIAL VISIT

Skin <u>sheets on malarone, chock, dengue, zika virus,</u> Scars <u>and mosquito bite prevention,</u> Ears _____ Eyes _____ Nose _____ Throat _____ Neck/Back _____ Heart _____ Lungs _____ Abdomen _____ GU/GI _____ Extremities _____	RETURN VISIT
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DIAGNOSIS:	TESTS	RESULTS

PLAN: _____

CALL BACK: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: [Signature]

AUDIT DATE: _____ COMMENTS: _____

PHYSICIAN SIGNATURE: _____

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 2/24/15 TIME: 10¹⁵ PT. HISTORY REVIEWED / UPDATED: 1
 PATIENT NAME: Evan Shepard DOB: 1/16/98 AGE: 1

PRESENT COMPLAINT: pt traveling to Ecuador in March. Wanting yellow fever vaccine as a precaution. Has started HepA series, is up to date on Tdap. Received malaria rx.

MEDICATIONS:

LMP:

Temp	Pulse	Resp	B/P	HT	WT	Allergies
						<u>WHA</u>

INITIAL VISIT

Skin <u>from pediatrician's office.</u>	RETURN VISIT
Slituses	
Ears <u>Reviewed VES for yellow fever</u>	
Eyes <u>o pt. Pt has no know health problems</u>	
Nose <u>that increase her chances for a yellow</u>	
Throat <u>fever reaction. Reviewed side effects</u>	
Neck/Back <u>pt verbalized understanding.</u>	
Heart	
Lungs <u>Pt received instruction sheet, brochure, reminder</u>	
Abdomen <u>stickers for oral typhoid. Reviewed instructions</u>	
GU/GI <u>o pt. Pt verbalized understanding.</u>	
Extremities	

DIAGNOSIS:	TESTS	RESULTS

PLAN: _____

CALL BACK:

PRACTITIONER

STAFF

SIGNATURE: _____

SIGNATURE: Rom

AUDIT DATE: _____

COMMENTS: _____

PHYSICIAN SIGNATURE: _____