

**AUM NURSING CARE CENTER
PROBLEM VISIT RECORD**

DATE: 8/18/16 TIME: 10¹⁵ PT. HISTORY REVIEWED / UPDATED: 1 / 1
 PATIENT NAME: April Brown DOB: _____ AGE: _____

PRESENT COMPLAINT: PT traveling to Northern Uganda on a 10 day mission trip.
Requesting yellow fever vaccine. Reviewed S/S of an adverse reaction and
normal side effects. PT has no known health problems that

EDUCATIONS:

Temp	Pulse	Resp	B/P	HT	WT	LMP:
						Allergies

INITIAL VISIT		RETURN VISIT
Skin	increase her risk for an adverse reaction. AM	
Sinuses		
Ears		
Eyes		
Nose		
Throat		
Neck/ Back		
Heart		
Lungs		
Abdomen		
GU/GI		
Extremities		

DIAGNOSIS:	TESTS	RESULTS

PLAN: _____

CALL BACK: _____

PRACTITIONER SIGNATURE: _____ STAFF SIGNATURE: Lyon

AUDIT DATE: _____ COMMENTS: _____
 PHYSICIAN SIGNATURE: _____