Name		Date		Forn	າ #
M / F Age:	S-Provide	er WC-	Provider	Dental	Other Provider
Children 6mo - 60 months	: ALBENDAZOL	E GIVEN?	\	/ITAMIN A GIV	/EN?
Primary reason for Toda	y's Visit				
Length of time of primary sy	mptoms	Do syn	nptoms in	nterfere with da	aily routine? Yes I
Known Allergies		Pregnant?	Yes	No	
VITAL SIGNS: P:	BP:	RR:	_T:	Wt (<18	yrs old):
WHEN PATIENT IS FINISHE					
Name	Date		Form #		
M / F Age:	S-Provide	er WC-	Provider	Dental	Other Provider
Primary reason for Toda	y's Visit				
Length of time of primary sy	mptoms	Do syn	nptoms in	nterfere with da	nily routine? Yes I
Known Allergies		Pregnant?	Yes	No	
MIOWIT Allergies					
•	BP:	RR:	_T:	Wt (<18	yrs old):
VITAL SIGNS: P:			- — — —		
VITAL SIGNS: P:	 ED, THIS FORM IS	— — — — SENT WIT	. — — — H PATIEN	T. PROVIDER	S: LOG ENTRY REC
VITAL SIGNS: P:  ———————— WHEN PATIENT IS FINISHE Name	— — — — — — ED, THIS FORM IS	— — — — — S <b>SENT WIT</b>	. — — — H PATIEN	T. PROVIDER	S: LOG ENTRY REC
VITAL SIGNS: P:	ED, THIS FORM IS	SENT WIT Date  WC-	- — — — H PATIEN Provider	T. PROVIDER  Dental	S: LOG ENTRY REC
VITAL SIGNS: P: WHEN PATIENT IS FINISHE Name M / F Age:	S-Provide	SENT WIT Date  OF WC-	Provider	IT. PROVIDER Dental	Other Provider
VITAL SIGNS: P: WHEN PATIENT IS FINISHE Name M / F Age: Children 6mo - 60 months	S-Provide: ALBENDAZOL	SENT WIT Date  OF WC-	Provider	IT. PROVIDER  Dental	Other Provider  Initial
VITAL SIGNS: P: WHEN PATIENT IS FINISHE Name M / F Age: Children 6mo - 60 months  Primary reason for Toda	S-Provide ALBENDAZOL  y's Visit	SENT WIT Date OF WC- E GIVEN?  Do syn	Provider Initial	Dental  /ITAMIN A GIV	Other Provider  Initial

## **PROVIDER/NURSE NOTES**

General Impression:				
Positive Labs : HCG UA	Malaria	HIV	Non-fasting BG	Other
Diagnosis: Well patient Primary:_			_ Secondary:	
Education:				
Procedures / IV / Injectables	Prescriptions			
1	1		3	
2	2		4	
PROVIDER/NURSE NOTES				
General Impression:				
Positive Labs : HCG UA	Malaria	HIV	Non-fasting BG	Other
Diagnosis: Well patient Primary:_			_ Secondary:	
Education:				
Procedures / IV / Injectables	Prescriptions			
1	1		3	
2	2		4	
PROVIDER/NURSE NOTES				
General Impression:				
Positive Labs : HCG UA	Malaria	HIV	Non-fasting BG	Other
Diagnosis: Well patient Primary:_			_ Secondary:	
Education:				
Procedures / IV / Injectables	Prescriptions			
1	1		3	
2	2		4	