

WHEN PATIENT IS FINISHED, THIS FORM IS SENT WITH PATIENT. PROVIDERS: LOG ENTRY REQUIRED!

Name _____ Date _____ Form # _____

M / F Age: _____ S-Provider WC-Provider Dental Other Provider

Children 6mo - 60 months: ALBENDAZOLE GIVEN? _____ VITAMIN A GIVEN? _____
Initial Initial

Primary reason for Today's Visit _____

Length of time of primary symptoms _____ Do symptoms interfere with daily routine? Yes No

Known Allergies _____ Pregnant? Yes No

VITAL SIGNS: P: _____ BP: _____ RR: _____ T: _____ Wt (<18 yrs old): _____

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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. _____

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