AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	1. Vitals Temp: Pulse: Respirations: BP: O2 Sat: Peak flow: Weight: Pain:
	2. URI ☐ Ear pain ☐ Sore throat ☐ Rhinorrhea ☐ Cough or wheezing Duration: ☐ Chest or head congestion ☐ Fever, chills, headache ☐ Dizzy
	☐ Post nasal drip ☐ Nausea or vomiting ☐ Diarrhea ☐ Abdominal pain ☐ Fatigue ☐ Shortness of breath ☐ Sputum ➡ Color of sputum is: ☐ Purulent ☐ White ☐ Clear ☐ Yellow ☐ Green ☐ Brown ☐ Blood tinged
	3. PMH ☐ Sinusitis ☐ Bronchitis ☐ Seasonal allergies ☐ Asthma ☐ Pneumonia Pregnant? ☐ Yes ☐ No ☐ N/A Smoke? ☐ Yes ☐ No
	4. Medications
	5. Allergies
	6. PE WDWN ☐ No ☐ Mild ☐ Moderately distressed
	Ears: Tympanic membranes ☐ Normal ☐ Bulging ☐ Red ☐ Retracted ☐ Bubbly
	Canals ☐ Normal ☐ Red ☐ Cerumenous Sinuses ☐ Normal ☐ Tenderness to palpatation
	Nasal cavity ☐ Normal ☐ Pale ☐ Boggy Oral cavity/oral pharynx ☐ Normal ☐ Ulcers
	Post phyx ☐ Normal ☐ Red ☐ Ulcers Neck ☐ Normal ☐ Nodes ☐ Thyromegaly
	Respiratory ☐ CTA ☐ Rales ☐ Rhonchi ☐ Wheezing ☐ Egophony CV ☐ Regular rate and rhythm ☐ Murmurs, gallups, rubs
	Abdomen ☐ Normal ☐ Distended ☐ Nondistended ☐ Tender ☐ Nontender Bowel sounds ☐ Present ☐ Absent ☐ Hyperactive ☐ Hypoactive
	7. Assessment ☐ Sinusitis (461.9) ☐ Allergic rhinitis (477.9) ☐ Bronchitis (466.0) ☐ Cough (786.2) ☐ Pneumonia (486) ☐ Pharyngitis (462) ☐ Asthma (493) ☐ Eustacian tube disfunction (381.81) ☐ Fever (780.6) ☐ Otitis externa (380.10)
	☐ Otis media (382.00) ☐ Impacted Cerumen (380.4) ☐ Viral syndrome (079.99) ☐ Tonsilitis (463) ☐ Upper respiratory infection (365.9) ☐ Cigarette abuse - recommended quitting smoking (305.1)
	8. Plan ☐ Call back if worse or if no better in 48-72 hours ☐ Fluids/analgesics ☐ Decongestants ☐ Time off/quarters x _____ hours
	Rx:
	9. Prevention Discussed: ☐ Sunscreen ☐ Exercise ☐ Immunizations ☐ Other:

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)*	REGISTER NO.	WARD NO.

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