

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE		
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION <i>(Sign each entry)</i>		
Date:	Pre-cystoscopy		
Time:	Pre-op vital signs:		
	Allergies:		
	Anxiety level prior to procedure: <input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 - Medium <input type="checkbox"/> 3 - High		
	If anxiety level is 3, health care provider will be notified prior to procedure.		
	Pain level: No pain > 0 1 2 3 4 5 6 7 8 9 10 < Worst pain imaginable		
	Location of pain, if applicable:		
	If pain level is 4 or higher, health care provider will be notified prior to procedure.		
	Urine nitrite (1 minute): <input type="checkbox"/> Positive <input type="checkbox"/> Negative	Urine leukocytes (2 minutes): <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
	Does the patient receive any antibiotics prior to dental procedures or any other procedure? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If "Yes," reason for antibiotics:		
	Does patient have history of hart murmur? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does patient have any artficiian implants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<i>If any answers above are "Positive" or "Yes," notify physician immediately prior to procedure.</i>		
	Comments:		
Time:	Anxiety level prior to procedure: <input type="checkbox"/> 1 - Low <input type="checkbox"/> 2 - Medium <input type="checkbox"/> 3 - High		
	If anxiety level is 3, health care provider will be notified prior to discharge.		
	Pain level: No pain > 0 1 2 3 4 5 6 7 8 9 10 < Worst pain imaginable		
	Location of pain, if applicable:		
	If pain level is 4 or higher, health care provider will be notified prior to discharge.		
	Comments:		
	Discharge vital signs:		
	Discharging nursing personnel signature:		
HOSPITAL OR MEDICAL FACILITY		STATUS	DEPART./SERVICE
SPONSOR'S NAME		SSN/ID NO.	RELATIONSHIP TO SPONSOR
PATIENT'S IDENTIFICATION: <i>(For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)</i>		REGISTER NO.	WARD NO.