AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*
	Community Health Nursing Note:
	The patient attended an interactive preventive medicine group counseling session which reviewed risk factors related to chronic
	conditions and life choices. The group discussed healthy choices, fitness, nutrition, preventive health screenings, injury prevention,
	and appropriate immunizations. Information was provided on how to recognize and treat minor illnesses and stock the "home
	pharmacy." The patient was provided with nurse triage access information and the Army Community Health Nursing phone number
	for further information or additional questions. The patient was provided pamphlets on tabacco cessation, breast self-examination,
	testicular self-examination, and the Food Guide Pyramid. The patient is now eligible to receive MEDDAC Form 704 (Medicine
	Cabinet Card) to gain access for over-the-counter medications from Kimbrough Ambulatory Care Center's pharmacy.
	The patient verbalized and understanding of the teaching.
	The patient: ☐ had no questions or concerns ☐ had the following questions and/or concerns:

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.

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION *(Sign each entry)*