

HEALTH RECORD	CHRONOLOGICAL RECORD OF MEDICAL CARE
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT TREATING ORGANIZATION <i>(Sign each entry)</i>
	AHLTA WAS NOT ACCESSIBLE DURING THIS PATIENT VISIT. REVIEWED INTAKE FORM ON REVERSE.
	VITALS: B/P _____ HR _____ RR _____ TEMP _____ HT _____ WT _____ SP02 _____ Manual B/P if SPB ≥130 or DBP ≥85 _____ Vision R ____/____ L ____/____ B ____/____
	SUBJECTIVE:
	OBJECTIVE:
	GENERAL: Well developed, well nourished
	HEAD: Normal shape and size
	EARS: TMs clear
	EYES: PERRL, normal EOM, normal alignment
	NOSE: Patent, no discharge, normal mucosa
	MOUTH: Normal mucosa and tonsils
	NECK: Supple, FROM, no masses, normal thyroid
	LUNGS: Unlabored respirations, clear to auscultation
	CV: RRR, no murmur, normal pulses
	ABDOMEN: Soft, nontender, no hepatosplenomegaly
	GU: (a) FEMALE: deferred (b) MALE: Normal testicles and penis, no inguinal hernia
	RECTAL: deferred
	MUSCULO SKELETAL: FROM, no abnormalities, normal strength
	SKIN: No rash
	NEUROLOGICAL: Normal tone and reflexes
	ASSESSMENT AND PLAN:
	Well child with normal growth and development; Other:
	Age appropriate anticipatory guidance provided [] Specify:
	Findings on psychosocial history: [] No safety concerns; [] Other:
	Immunizations: [] Go to immunization clinic today to review records; [] No further action
	Follow up plan: [] Yearly; [] Other:

PATIENT'S IDENTIFICATION *(Use this space for Mechanical Imprint)*

RECORDS MAINTAINED AT:	
PATIENT'S NAME <i>(Last, First, Middle initial)</i>	SEX
RELATIONSHIP TO SPONSOR	STATUS
SPONSOR'S NAME	RANK/GRADE
DEPART./SERVICE	ORGANIZATION
SSN/IDENTIFICATION NO.	DATE OF BIRTH