ANAHEIM MARKET CLINIC

Last Name	Name:	Date of Birth:	Date

_____ yr/month old male/female Insurance? Y N

1. __________ (↑ (↓ Same __________
2. __________ (↑ (↓ Same __________
3. __________ (↑ (↓ Same __________

Meds: __________ Since ______
__________ Since ______
__________ Since ______
____

Allergies: __________ Since ______

PAST MEDICAL HISTORY (Illnesses, Surgery, Hospitalizations)
Has the patient been treated recently for this illness?

Immunizations: ☐ Curent Last Tetanus ______

Family History:

Social History: ☐ Tobacco ______ Packs per day
☐ Alcohol ______ Drinks per week
Occupation ______

Female History LNMP ______ Duration ______
G ___ P ___ Ab ___ Last Pap ______
Last Mammogram ______

Pregnant? ☐ YES ☐ NO ☐ NOT SURE
Birth Control? ☐ YES ☐ NO Type ______

Male History: Last PSA/Prostate/Scrotal Exam ______

OFFICE CHARGE	
OV	
LAB	
MED	
INJ	
EKG	
TOTAL	

Vital Signs: Blood Pressure: ______ Temp ______ Pulse ______ Resp ______ Weight ______ Height ______

PHYSICAL EXAM (N=Normal A=Abnormal)

N	A	
☐	☐	General ______ ☐ Happy ☐ Playfull
☐	☐	Heent ______
☐	☐	Neck Supple Y N ______
☐	☐	Chest ______
☐	☐	Heart RSR ______
☐	☐	Lungs CTA Wheeze Y N Rales Y N ______
☐	☐	Abdomen ______

N	A	(Findings)
☐	☐	Extremities ______
☐	☐	Spine ______
☐	☐	Neuro ______
☐	☐	Skin ______
☐	☐	Pelvie/GU ______
☐	☐	Breasts ______
☐	☐	Rectal ______

DIAGNOSIS ASSESSMENT

1	2	3	4

☐ UA .... ( )
☐ UCG .... ( )
☐ HGB .... ( )
☐ GLUCOSE ......( )
☐ PAP .... ( )
☐ Nebulizer .... ( )
☐ LAB .... ( )
☐ CP 69 .... ( )
☐ STD .... ( )
☐ Thyroid Panel . ( )
☐ EKG .... ( )
☐ Other ....( )

☐ Injections:
☐ Ancef 250/500 .... ( )
☐ Bicillin 300/600/1.2 . ( )
☐ B 12 ....( )
☐ Dexa 2mg/4mg/8mg . ( )
☐ Linco 300/600 .... ( )
☐ Vacine PPD .... ( )
☐ MMRTd .... ( )
☐ Pnewmo .... ( )
☐ FLU .... ( )
☐ Rocephin 125/376/500/1gm . ( )

☐ Amoxil 250/500 Susp/TaB . ( )
☐ Keflex 250/500 Susp/Tab .. ( )
☐ Phenergan Dm Syrup .... ( )
☐ Guituss Dm Syrup .... ( )
☐ Eritab 333 mg .... ( )
☐ Prelone Susp 5mg/5ml ...... ( )
☐ Bactrim DS Tab/Susp .... ( )
☐ Pediazole Susp .... ( )
☐ Enter PSE Tab .... ( )
☐ ______

☐ Glucovance 5/500 Tab .... ( )
☐ Atenalol 50 mg Tab .... ( )
☐ Enalapril 20 mg Tab .... ( )
☐ HCTZ 25 mg Tab .... ( )
☐ Motrin 600 mg Tab .... ( )
☐ Naproxen 500 mg Tab .... ( )
☐ Prednisone 5mg/ 10mg .... ( )
☐ Cortisporin Otic Susp .... ( )
☐ ______
☐ ______

DISPOSITION:
Return Visit: ____ days ____ weeks ____ months PRN
Referral to: ☐ Specialist ______
☐ Hospital ______
Testing: ☐ Ultrasound ______ XRAY ______
MRI ______ CT Scan ______
Call or Go to ER if Symptoms Worsen ______

PROVIDER:
☐ Hitesh Patel, M.D.
☐ Jose Ruiz Ortega, PA-C
☐ Linda Liu, PA-C
☐
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MEDICAL DIRECTOR REVIEW