

<b>Canada-Africa Community Health Alliance</b> <b>Alliance de Sante Communautaire Canada-Afrique</b>				CHART# CH00000004 DISPENSARY: Bukondo TIME: 15:24 DATE: 16-Aug-2017																																																									
Triage: <input type="checkbox"/> <b>TESTING:</b> Complete <input type="checkbox"/>																																																													
MED Complete <input checked="" type="checkbox"/> GYN Complete <input type="checkbox"/> OPHT Complete <input type="checkbox"/> DENT Complete <input checked="" type="checkbox"/> V Complete <input checked="" type="checkbox"/>																																																													
NAME: Warren Meek VILLAGE: Hamukoko G <input type="checkbox"/> P <input type="checkbox"/> A <input type="checkbox"/> # LIVING CHILDREN <input type="checkbox"/>				<input checked="" type="checkbox"/> M <input type="checkbox"/> F AGE: 54 WEIGHT 100.0 KG TEMP: 37 BP 120/80 GLUCOSE: HR 64																																																									
<b>CHIEF COMPLAINT</b> sore back				<input type="checkbox"/> Y PREGNANT <input type="checkbox"/> N <input type="checkbox"/> Y BREASTFEEDING <input type="checkbox"/> N T: <input checked="" type="checkbox"/> V <input type="checkbox"/> MALARIA <input type="checkbox"/> SYPHILIS <input type="checkbox"/> TYPH <input type="checkbox"/> URINE <input type="checkbox"/> PREGNANCY R: <input checked="" type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> + <input type="checkbox"/> +																																																									
<b>ASSESSMENT</b> farmer moderate lower back pain should get education on proper bending r22 aerobic infection				LAST HIV TEST? LAST PZQ TX? LAST WORM TX? LAST VIT A? PREV MEDS?																																																									
<b>DX: (DON'T FORGET +, ++, or +++) AND NTR (No Treatment)</b> <input type="checkbox"/> HEALTHY <input type="checkbox"/> NTR <input checked="" type="checkbox"/> MSK <input type="checkbox"/> + <input checked="" type="checkbox"/> ++ <input type="checkbox"/> +++ <input type="checkbox"/> WORMS <input checked="" type="checkbox"/> ASTHMA <input type="checkbox"/> BRONCHITIS <input type="checkbox"/> PNEUMONIA <input type="checkbox"/> COUGH <input type="checkbox"/> MALARIA <input checked="" type="checkbox"/> SCHISTO <input type="checkbox"/> TYPHOID <input type="checkbox"/> GERD <input type="checkbox"/> PUD <input type="checkbox"/> DIARRHEA <input type="checkbox"/> BLOODY OR <input type="checkbox"/> WATERY <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> DIABETES <input type="checkbox"/> CONSTIPATION <input type="checkbox"/> PID <input type="checkbox"/> STI <input type="checkbox"/> SYPHILIS <input type="checkbox"/> TOPICAL: <input type="checkbox"/> OTHER:				<b>ADMIN:</b> <input type="checkbox"/> PARACETAMOL <input type="checkbox"/> BENZ-PEN-G 2.4 MIU <input type="checkbox"/> CEFTRIAZONE 250MG <b>KIT:</b> <input checked="" type="checkbox"/> (PCM+ALB/MEB) <input type="checkbox"/> PREGNANCY KIT (VITS+FE) <input type="checkbox"/> ALU 3/7 <input type="checkbox"/> 1x2 <input type="checkbox"/> 2x2 <input type="checkbox"/> 3x2 <input type="checkbox"/> 4x2 <input type="checkbox"/> PUD: 7/7 AMOX250 3X2 + OMEP20 1X2+ MTZ200MG 3X2 <input checked="" type="checkbox"/> PZQ600mg #TABS STAT: 6 <b>OtherRX</b> MTZ200 x 3 x 5/7 aminophylline 200mg x3 x 10/7																																																									
PREGNANT: WEEKS REGULAR ANC: <input type="checkbox"/> YES <input type="checkbox"/> NO PREVIOUS IPTp: <input type="checkbox"/> YES <input type="checkbox"/> NEVER LAST PTp: >1 MONTH AGO <input type="checkbox"/> YES <input type="checkbox"/> NO CLINICAL ANEMIA: <input type="checkbox"/> YES <input type="checkbox"/> NO SULFADAR SP500/25: TABS <input type="checkbox"/> 3 <input type="checkbox"/> 6 <input type="checkbox"/> 9																																																													
<b>FOLLOW-UP:</b>				<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4">STI OR PID</th> <th>#</th> <th></th> <th>200MG</th> <th>100MG</th> <th>250MG</th> </tr> <tr> <th></th> <th>INITIALS</th> <th>SEX</th> <th>PREG</th> <th>MTH</th> <th>B.F.</th> <th>MTZ</th> <th>DOXY</th> <th>AMOX</th> </tr> </thead> <tbody> <tr> <td>PT</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P1</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P2</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> <tr> <td>P3</td> <td></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td><input type="checkbox"/></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				STI OR PID				#		200MG	100MG	250MG		INITIALS	SEX	PREG	MTH	B.F.	MTZ	DOXY	AMOX	PT			<input type="checkbox"/>		<input type="checkbox"/>				P1			<input type="checkbox"/>		<input type="checkbox"/>				P2			<input type="checkbox"/>		<input type="checkbox"/>				P3			<input type="checkbox"/>		<input type="checkbox"/>			
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RETURN DURING MISSION <input type="checkbox"/> YES OR TO DISPENSARY > DAYS																																																													
<b>Education</b>																																																													
Practitioners wm						RX #: 5																																																							
REFERRAL: <input type="checkbox"/> TB <input type="checkbox"/> SURGERY <input type="checkbox"/> HOSPITAL																																																													