



COMMUNITY  
HEALTH INITIATIVE

# Clinic Visit

Ju18

CARD #

Extra 138

DATE

6/ / 18

PATIENT ID

PROVIDER

FIRST NAME

LAST NAME

Gender M / F

BIRTH (MM/DD/YYYY)

AGE

PHONE

TOWN

VISIT?

Y / N

NICKNAME

Pregnant? Y / N

G

P

A

LMP

Wants Planning? Y / N

BP

TEMP (F)

PULSE

WEIGHT (kg)

HEIGHT (cm)

Z Score

Albendazole? Y / N

ALLERGIES

MEDICINES

EXAM

CHIEF COMPLAINT

HISTORY

1

2

3

## DIAGNOSIS:

☐ Asthma

☐ Allergies

☐ Anemia

☐ Malnutrition

☐ Depression

☐ Diabetes

☐ Pterygium

☐ Cataract

☐ Dry Eye

☐ Conjunctivitis

☐ Fever

☐ Possible Malaria

☐ Filariasis

☐ Gastritis

☐ GERD

☐ Gastroenteritis

☐ Dysentery

☐ Possible Cholera

☐ Headache

☐ Hernia

Hernia Type: Inguinal | Umbilical | Both

☐ Hypertension

☐ Stroke

☐ Angina

☐ CHF

☐ Healthy

☐ Musculoskeletal Pain

☐ Otitis R | L | B

☐ Pneumonia

☐ Sinusitis

☐ URI

☐ Pregnancy (weeks \_\_\_\_\_)

☐ Atopic Derm

☐ Fungal

☐ Scabies

☐ Impetigo

☐ Tinea Capitis (kerion)

☐ Possible STD

☐ Possible TB

☐ Possible Parasites

☐ UTI

☐ Vaginitis

☐ Candidal

☐ Trich ☐ BV

☐ Needs to see dentist

☐ Needs to see eye doctor

☐ Surgical candidate

☐ Other Diagnosis:

Diagnoses Comments