

MEDICAL RECORD				REPORT OF MEDICAL HISTORY				Date of Exam			
Note: This information is for official and medically-confidential use only and will not be released to unauthorized persons.											
1. Name of Patient (First, Middle, Last) Roberto A. Hernandez						2. Identification Number 1234565465			3. Date of Birth 12/23/45		
4a. Home street address (Street, City, State, and Zip Code) 943 State Street						5. Examining Facility  Butler Community College Simulation Hospital					
4b. City Code <u>Yourtown</u>			State  KS		Zip  67065						
6. Purpose of Visit to the Hospital "Chest pain unrelieved by nitroglycerin"											
7. Statement of Patient's Present Health and Medications Currently Used											
a. Present Health  fair						b. Current Medications at Home Telmisartan 40 mg once daily ASA 325 mg once daily. Avandamet 2/500 2mg daily					
c. Allergies (include medications, latex, bee stings, and foods) Percocet 5						d. Height  5' 10 inches			e. Weight  105 Kg		
8. Patient's Occupation  Retired school teacher						9. Are you: (check one) <u>  X  </u> Right Handed <u>      </u> Left Handed					
10. Past/Current Medical History											
Check Each Item	Yes	No	Don't Know	Check Each Item	Yes	No	Don't Know	Check Each Item	Yes	No	Don't Know
Household Contact with anyone with tuberculosis		x		Shortness of Breath	x			Bone or join deformity /injury		x	
Tuberculosis or positive TB test		x		Pain or Pressure in chest	x			Broken bones		x	
Blood in Sputum or when coughing				Chronic Cough		x					
Excessive bleeding after injury or dental work		x		Palpitation or pounding heart	x			Recurrent back pain or any back injury	x		
Suicide attempt or plans		x		Heart trouble	x			Head injury		x	
				High blood pressure	x						
Wear corrective lenses		x		Low blood pressure		x		Nerve injury		x	
Eye surgery to correct vision		x		Cramps in your legs		x		Paralysis		x	
Complete vision loss in either eye		x		Frequent Indigestion		x		Epilepsy or seizure		x	
Rheumatic fever		x		Skin diseases		x		Nervous trouble of any sort		x	
Swollen or painful joints		x		Tumor, growth, cyst, or Cancer		x		Periods of unconsciousness		x	
Frequent or severe headache		x		Hernia		x		Parent/sibling with diabetes, cancer, stroke or heart disease.		x	
Dizziness or fainting spells		x		Hemorrhoids or rectal Disease		x					
Eye Trouble		x		Frequent or painful urination		x		X-Ray or other radiation therapy		x	
Hearing Loss		x		diabetes		x		Chemotherapy		x	
Recurrent ear infections		x		Kidney stones or blood in urine		x		Asbestos or toxic chemical exposure		x	
Chronic or frequent colds		x		Sugar or Protein in urine	x			Used tobacco	x		
Sinusitis		x		Recent gain or loss of weight		x		alcohol abuse			
Hay Fever or allergic rhinitis		x		Eating Disorder		x		Easily fatigued	x		
Severe tooth or gum trouble		x		Arthritis, Rheumatism, or Bursitis		x		Used illegal substances		x	
Check each item. If "yes," explain in blank space to right. List explanation by item number.											
ITEM				Yes	No	Butler simulation Hospital 1996 herniated disc, treated medically  Butler simulation Hospital last year for a heart attack					
11. Have you ever been treated for a mental condition? (If yes, describe and give age at which occurred.)					x						
12. Have you ever been denied life insurance? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)					x						
13. Have you had, or have you been advised to have, any operation? (If yes, describe and give age at which occurred.)					x						
14. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)				x							
I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge. I authorize any of the doctors, hospitals, or clinics and their staff that are directly providing management of my care to review and input data into the Medical Record in accordance with local, state, and federal laws.											
24a. Typed or Printed Name Roberto A. Hernandez			24b. Signature Roberto A. Hernandez				24c. Date today				
NOTE: THIS DOCUMENT WILL BE PLACED IN THE MEDICAL RECORD											
25. Physician's summary and elaboration of all pertinent data. 1. Acute coronary syndrome – will follow citywide collaborative orders and according to progression will schedule heart catheterization today 2. Diabetes type 2 – NPO; manage with subcutaneous insulin; may consult endocrinologist when stable 3. HTN – manage with beta blocker											
26a. Typed or Printed Name of Phys Examiner			26b. Signature  Dr. Chester Hart MD								