

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		State		Zip							
Yourtown		KS		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 <u>Telmisartan</u> 40 mg once daily ASA 325 mg once daily. <u>Avandamet</u> 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) <input checked="" type="checkbox"/> X Right Handed <input type="checkbox"/> 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	