

| | |
|--------------|------|
| Signed | at , |
| Contact info | |

| | | | |
|---------------|--|-------------|---|
| Patient | John Doe | | |
| Date of birth | August 22, 1972 | Sex | Male |
| Race | | Ethnicity | |
| Contact info | Primary Home: 1004 Healthcare Dr. Portland, VA 2104, USA | Patient IDs | 1 2.16.840.1.113883.19 2.16.840.1.113883.4.1 |

| | |
|-------------------|-----------------------------|
| Document Id | 999021 2.16.840.1.113883.19 |
| Document Created: | September 7, 2014, 08:29:44 |

| | |
|---|----|
| Performer (primary care provider) | of |
| Primary performer (primary care provider) | of |

| | |
|--------------|--|
| Author | |
| Contact info | |

| | |
|--------------|--|
| Entered by | |
| Contact info | |

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| Informant | |
| Contact info | |
| Informant | |

| | |
|------------------------|------------|
| Information recipient: | Jacob Paul |
|------------------------|------------|

| | |
|---------------------|-------------|
| Legal authenticator | signed at , |
| Contact info | |

| | |
|------------------------|-------------|
| Document maintained by | |
| Contact info | Work Place: |

Allergies, Adverse Reactions, Alerts

| Substance | Reaction | Status |
|------------|----------|--------|
| penicillin | NULL | Active |

Medications

| Medication | Directions | Start Date | Status | Indications | Fill Instructions |
|-------------|------------|------------|----------|-------------|-------------------|
| A-Methapred | | 2014-09-06 | Inactive | NULL | |

Problems

1. hyperlipidemia

Immunizations

| Vaccine | Date | Status |
|---------------------------------|----------|-----------|
| poliovirus vaccine, inactivated | Sep 2014 | Completed |

Procedures

| Procedure | Date |
|-----------|------|
| | |

Results

| Laboratory Information | Result |
|------------------------|--------|
| | |

Vital Signs

| Date / Time: | |
|--------------------|--|
| Temperature | |
| Diastolic | |
| Systolic | |
| Head Circumference | |
| Pulse | |
| Height | |
| Oxygen Saturation | |
| Breath | |
| Weight | |

Social History

| Social History Element | Description | Effective Dates |
|------------------------|-------------|-----------------|
| Smoking | | 0 |
| Alcohol | | 0 |

Encounters

| Encounter | Performer | Location | Date |
|-----------|-----------|----------|------|
|-----------|-----------|----------|------|

| | | | |
|---------------------|-----------------------------|-----------------------|------------|
| Established Patient | Administrator Administrator | Your Clinic Name Here | 09/06/2014 |
|---------------------|-----------------------------|-----------------------|------------|