

St John's Lander 175 N. 1st Street Lander, WY, 82520 (307) 332-2189

DATE	NAME					DATE OF BIRTH						
-					L							
PREFERRED PHARMACY ALLERGIES												
REASON FOR VISIT												
MEDICATION/SUDDI EME	NT.			DOSE		FREQUEN	CV					
MEDICATION/SUPPLEMENT					FREQUENCY							
			•	<u> </u>								
PROBLEM	Yes/No	YEAR	FAMILY									
FATIGUE	Y/N											
DIABETES	Y/N		RELATION	MEDICAL PROBLI	EMS	LIVING	AGE OF DEATH					
THYROID DISEASE	Y/N		MATERNAL GRANDMOTHER			Y / N						
COUGH / ASTHMA	Y/N		MATERNAL			Y / N						
·			GRANDFATHER PATERNAL									
NAUSEA / VOMITING	Y/N		GRANDMOTHER			Y / N						
DIARRHEA	Y / N		PATERNAL GRANDFATHER			Y/N						
SINUS ISSUES	Y/N		MOTHER			Y/N						
BLOOD PRESSURE	Y/N		FATHER			Y/N						
GROWTH HORMONE	Y/N		SIBLING			Y/N						
WEIGHT GAIN/ LOSS	Y/N		SIBLING			Y/N						
CONGENITAL DEFECTS	Y/N		SIBLING			Y / N						
DEPRESSION / ANXIETY	Y/N		SIBLING			Y/N						
VACCINATIONS UP TO DATE	Y/N											
DEACON	HOCE		HOSPITALIZATION YEAR	NS AND SURGERIES	HOSPITA	A1	VEAD					
REASON	HOSPITAL		YEAK	REASON	позин	AL	YEAR					
			FOR CI	INIC USE	•							

FOR CLINIC USE										
BP			VISION							
02				L	R	В				
HR			CORRECTED							
RR			UNCORRECTED							
TEMP			LMP							
HT			PREGNANCIES							
WT			LIVE BIRTHS							