


[illegible]


PATIENT'S IDENTIFICATION <i>(Use this space for Mechanical Imprint)</i>	RECORDS MAINTAINED AT: 		Joel Army Substance Abuse Program	
	PATIENT'S NAME <i>(Last, First, Middle Initial)</i>			SEX
	RELATIONSHIP TO SPONSOR		STATUS	RANK/GRADE
	SPONSOR'S NAME			ORGANIZATION

Patient: **ROLF, DAWN MARIE**

Date: 15 Nov 2012 1044 EST


Appt Type: **ACUT**

[illegible]

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GROUP

[illegible]

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- Breast symptoms (General FHx)

[illegible]

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- Pulmonary symptoms (General FHx)

[illegible]

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- Vision problems (General FHx)

[illegible]

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- Cardiovascular symptoms (Mother)

[illegible]

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- Pulmonary symptoms (Father)

[illegible]


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- Vision problems (Brother)

[illegible]

[illegible]

[illegible]


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Other PMHs

Social History

Procedures

[illegible]


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No Other PMHs Found.

- Under stress

- HOT WATER BOTTLE,ICE


[illegible]

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CAP/COLLAR, HEAT &/ COLD WRAP,


[illegible]

[illegible]

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No Active Medications Found.

[illegible]


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No Expired Medications Found.

[illegible]

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No Vitals Found.


[illegible]

[illegible]


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[illegible]

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BP: 111/55, HR: 97, RR: 33, T: 99.9 °F, PF: 433

[illegible]

[illegible]

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[illegible]


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[illegible]

[illegible]


[illegible]

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Chief complaint


[illegible]

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The Chief Complaint is: Anxiety.


[illegible]

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The Patient is a 37 year old female.

[illegible]

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She reported: Encounter Background Information: dsfaadsfsafd.

[illegible]


[illegible]

[illegible]

[illegible]


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[illegible]

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Chief complaint

[illegible]


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The Chief Complaint is: Anxiety.

[illegible]


[illegible]

[illegible]


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[illegible]

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[illegible]

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Procedure(s): - (94150) Pulmonary Function Tests Peak Expiratory Flow x 2 - Created by entry in Vitals Module


[illegible]

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Patient Instruction(s): -Massage Deep Tissue Neck Posterior


[illegible]

[illegible]


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[illegible]


[illegible]

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[illegible]

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[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]


[illegible]

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Aaaaaaaaaaaaaaaaaaaaaaaaaa


[illegible]

[illegible]

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Bbbbbbbbbbbbbbbbbbbbbbb

[illegible]

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CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC


[illegible]

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Ddddddddddddddddddddddd


[illegible]

[illegible]

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Eeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee

[illegible]

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[illegible]

[illegible]

HEALTH RECORD		CHRONOLOGICAL RECORD OF MEDICAL CARE	
DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (<i>Sign each entry</i>)		

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RECORDS MAINTAINED AT:

Joel Army Substance Abuse Program

PATIENT'S NAME (*Last, First, Middle Initial*)

SEX


RELATIONSHIP TO SPONSOR

STATUS

RANK/GRADE

SPONSOR'S NAME

ORGANIZATION


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Hhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhhh

[illegible]

[illegible]


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[illegible]

[illegible]

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[illegible]

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Kkkkkkkkkkkkkkkkkkkkkkkkkkkkk


[illegible]

[illegible]

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Mmmmmmmmmmmmmmmmmmmmmmm


[illegible]

[illegible]

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Nnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnnn

[illegible]

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Ooooooooooooooooooooooooooooooooooooooooooooo


[illegible]

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Ppppppppppppppppppppppppppppppppppppp


[illegible]

[illegible]

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Qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq

[illegible]

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[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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Signed By SJF, TEN (Very good physician but a drunk, good home life, but beats wife.) @ 15 Nov 2012 1554

[illegible]