universalcare
HEALTHCARE YOU CAN FEEL GOOD ABOUT

PRIMARY CARE
PROGRESS RECORD

DATE: AGE: TELEPHONE: TIME ROOMED: TIME DISCHARGED:

HT: WT: B/P: T: P: R: LMP: LPS: BCP _____Y _____N

ALLERGIES: MEDICATION:

PATIENT COMPLAINT:

_____
NURSING STAFF SIGNATURE

S:

O:

A:

P:

PELVIC/RECTAL/BREAST EXAMS ASST:

IMMUNIZATION CURRENT:

Last Tetanus:

ORDERS

Urine HCG

+ / -

URINALYSIS

COLOR_____

CLARITY_____

LEUKOCYTES_____

NITRITES_____

UROBIL_____

PROTEIN_____

PH_____

BLOOD_____

SPECIFIC GRAV_____

KETONES_____

BILIRUBIN_____

GLUCOSE_____

PATIENT EDUCATION TOPIC:

☐COUNSELING ☐PAMPHLETS ☐VIDEO

RETURN TO CLINIC IF WORSE

RETURN TO CLINIC: DAYS_____ WEEKS_____ MONTHS_____

PATIENT NAME:_____

DOB:_____

MR#:_____

PROVIDER SIGNATURE:_____

NURSING STAFF SIGNATURE:_____

WITNESS/INTERPRETER SIGNATURE:_____
☐SPAN ☐VIET ☐OTHER /☐HEARING IMPAIRED