#  *(Name of your organization here)*

**Patient ID# \_\_\_\_\_\_\_\_\_\_\_\_ # of prescriptions\_\_\_\_\_\_\_**

Check primary need at Registration:

**□ Gen Med □ Peds**

**□ Dentist □ Eyes □ Other**

##### Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: Male \_\_\_\_ Female \_\_\_\_ Age: \_\_\_\_\_\_\_\_\_ Marital Status: Single \_\_\_\_ Married\_\_\_\_ Separated \_\_\_\_ Widowed \_\_\_\_

**Women (**Pregnant?) Yes\_\_\_\_ No\_\_\_\_ Unsure\_\_\_\_ **Breast feeding?** Yes\_\_ No\_\_\_ **Allergies** (meds)\_\_\_*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**History:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Patient Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TRIAGE: Ht\_\_\_\_\_\_ Wt \_\_\_\_\_\_ BP \_\_\_\_\_\_ T\_\_\_\_\_\_ P \_\_\_\_\_\_ RR \_\_\_\_\_\_ Ox \_\_\_\_\_\_\_**

**PE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**DIAGNOSIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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**TREATMENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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REFERRAL FOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **VITAMINS / MINERALS**🞏 VITAMINS PER PHARMACY🞏 Vitamin Prenatal QD #30 x \_\_\_\_months🞏 CaCO3 500mg QD #30 x \_\_\_\_months🞏 FeSO4 325mg BID #30 x \_\_\_\_months🞏Zinc gluconate 10 – 20 mg/day x 10 days**ADULT ANALGESICS** 🞏 Ibuprofen 200mg TID prn pain/fever #25🞏 Tylenol 325mg QID prn pain/fever #25 **ADULT ANTIBIOTICS** 🞏 Acyclovir 400mg TID #30 🞏 Albendazole 400mg x 1 (Roundworms)🞏 Amoxicillin 500mg TID #21🞏 Azithromycin 500 mg day 1; 250 days 2 - 5🞏 Cephalexin (Keflex) 500mg BID #14🞏 Mebendazole 100 mg x 1🞏 Septra DS (SMX/TMP) BID x 7d #14**ADULT COUGH, COLD, ALLERGY** 🞏 Cetirizine 10 mg /day prn allergy #25🞏 Cough drop/lozenge prn cough #20**GYN & STD ANTIBIOTICS** 🞏 Azithromycin 1 gram (250mg x 4)  (Chlamydia treatment in pregnant women) 🞏 Doxycycline 100mg BID x 14d (Chlam/Syph)🞏 Fluconazole 150 mg; 1 tab QD x 3 days🞏 Metronidazole 2 gm dose x1 (Trich/Vaginosis)🞏 Metronidazole 500 mg BID x 7 d #28 (PID)🞏 Septra DS (SMX/TMP DS) BID x 3d. #6**GASTROINTESTINALS** 🞏 Antacid tablets TID #20🞏 Bisacodyl (Dulcolax) 5mg BID prn #25🞏 Hemorrhoid Supp w/ HC 2x/day prn🞏 Omeprazole /Prilosec 20 mg x 14 d 🞏 Zantac / Ranitidine 150 mg BID x 10 d🞏 Zofran 4 mg (4 – 8 mg TID) | **TOPICALS** 🞏 Clotrimazole – anti-fungal Apply BID 🞏 Calmoseptine ointment for skin irritation Apply prn🞏 Hand Lotion/Soap/Shampoo**(circle all that apply)**🞏 Hydrocortisone 1% Cream. Apply \_\_\_\_\_x/day🞏 Medium potency topical steroid - 0.1% betamethasone cream BID x 5 days🞏 Permethrin shampoo (For Lice) 🞏 Permethrin 5% Cream (For Scabies) 🞏 Sports cream (For muscle pain)🞏 Triple Antibiotic Ointment. Apply \_\_\_\_x/day🞏 Vaginal candidiasis topical**OPHTHALMICS/OTICS/NASAL** 🞏 Artificial Tears 1-2 gtts ou prn🞏 Floxacin Otic Suspension 1 gtt QID🞏 Gentamicin Eye Solution 1 drop ou 4x per day 🞏 Saline Nasal Spray 1-2 sprays in nostrils prn**PEDIATRIC ANALGESIC / REHYDRATION**🞏 Tylenol pediatric = 10 mg/kg/dose \_\_\_\_\_\_\_\_\_\_\_\_\_🞏Oral Rehydration Salts packet #2**PEDIATRIC ANTIBIOTICS** 🞏 Albendazole 200mg x 1 (2-5yr) (Roundworm) 🞏 Albendazole 400mg x1 (≥5yr) (Roundworm) 🞏 Amoxicillin 250mg/5mL \_\_\_\_\_\_\_\_\_ cc BID (50 – 70 mg/kg/day divided BID)🞏 Amoxicillin 250mg TID #21🞏 Azithromycin 200mg/5mL \_\_\_\_\_\_\_\_ cc BID (10 mg/kg day 1; 5 mg/kg days 2 – 5)🞏 Azithromycin 250 mg🞏 Cephalexin (Keflex) 250mg/5mL\_\_\_\_\_\_cc BID (25 – 50 mg/kg/day divided BID)🞏 Cephalexin (Keflex) 250mg BID #14🞏 Nystatin 100,000 units/mL Susp (Thrush)🞏 Septra susp \_\_\_\_\_ cc BID x \_\_\_\_ days (8 mg /kg TMP divided BID)🞏 Septra (SMX/TMP) SS tabs\_\_ tab BID x \_\_\_ days | **RESPIRATORY** 🞏 Albuterol MDI \_\_\_\_\_\_ puffs \_\_\_\_\_\_ x/day 🞏 Steroid MDI \_\_\_\_\_\_ puffs \_\_\_\_\_\_ x/day 🞏 Prednisone 10mg (for asthma) Adult: 30mg BID taper by day 7 \_\_\_\_\_\_\_\_\_\_\_\_\_\_Child: 1 mg/kg/day divided BID x 3 5 7 days  (Maximum dose: 60mg/d)**COUNTRY SPECIfiC FORMULARY****🞏 Malaria tx****🞏 Schistosomiasis tx (Praziquantel)** 20 mg/kg every 4 – 6 hours x 3 doses**RESTRICTED FORMULARY – CARDIAC, misc**Must obtain approval from clinic director / pharmacist🞏 Aspirin 81 mg daily #30🞏 Atenolol 25mg daily #20 Do not give if pulse <70🞏 Captopril 25mg ½ - 1 daily #20🞏 Hydrochlorothiazide 25mg ½ or 1 QD #20 (Pt must be able to take 1 banana each day)🞏 Ciprofloxacin 500mg BID #10🞏 Metformin 500 mg – start with ½ tab/day with largest meal, then progress to 1 tab / day to 1 tab bid; watch for vomiting, diarrhea. Not used in pts c renal failure.**Other:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***Practitioner Initials: \_\_\_\_\_\_\_\_\_\_\_\_******Medical Servants International*** |

**========================================================================================================================**

**For Pastors:**

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ETOH / other abuse \_\_\_\_\_\_ Needs food / shelter / clothing \_\_\_\_\_\_\_ Prayer for healing\_\_\_\_\_\_\_**

 **Prayer for salvation \_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**LABORATORY - Circle test to order; Fill in results:**

* Glucose \_\_\_\_\_\_\_\_\_\_\_\_\_\_
* HIV \_\_\_\_\_\_\_\_\_\_\_\_\_ Urinalysis ph\_\_\_\_\_ Nitrates\_\_\_\_\_
* Malaria \_\_\_\_\_\_\_\_\_\_\_\_\_ Leukocytes\_\_\_\_
* Pregnancy \_\_\_\_\_\_\_\_\_\_\_\_\_ Blood\_\_\_\_\_\_ Glucose\_\_\_\_\_

**TREATMENT - Circle medicine or treatment ordered; Fill in dose/route:**

* ***IV Fluids***  • Normal Saline • Other ­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Rate/Volume:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* ***IV/IM Antibiotics***  • Cefazolin (Ancef,Kefzol) • Ceftriaxone (Rocephin):­­­­­(125mg-GC) (250mg-PID)

 • Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dose/Route:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* ***Injectables*** • Decadron Diphenhydramine (Benadryl) • Epinephrine • Furosemide (Lasix)

 • Ketorolac (Toradol) • Methylprednisolone (Solumedrol) • Promethazine (Phenergan)

##  Dose/Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­

* ***Misc. Meds*** • APAP (Tylenol) PO • Glucose Tabs PO • Vitamin A PO (30,000 IU)

 Nitroglycerin Tabs (Nitrostat) Sublingual 0.4mg Q 5 min x \_\_\_\_(Max 3 doses/15min) • Other:\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Dose/Route: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Treatment/Procedure*** • Ear wax removal • Lidocaine:\_\_\_% , without epinephrine

* Oxygen sat \_\_\_\_\_\_\_\_ • Splint \_\_\_\_\_ • Wound care \_\_\_\_\_ • Other***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

 **Describe:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practitioner Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Treatment** **Nurse Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**