# *(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*** |

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