

MEDICAL MINISTRY INTERNATIONAL

REGISTRATION FORM / FICHA DE REGISTRO

No. _____

NAME/Nombre: SEX: M / F
 ADDRESS/ Dirección: AGE / Edad:
 DATE/ Fecha: Telef: DNI/ID:

ALLERGIES _____ [] NKDA

B.P./ Presión A: mm/hg **Pulse**.....bpm **Weight/Peso**..... Kg / Lbs
Temp F / C [] Oral [] Axillary [] Tympanic

Pregnancy exam

[] Positive
 [] Negative

Urine test

Ket _____ Bili _____
 Leuk _____ SG _____
 Prot _____ Nit _____
 pH _____ RBC _____
 Gluc _____

Glucose test

_____ [] Fasting _____
 [] Non-fasting _____

HISTORY & COMPLAINT:

General:	<input type="checkbox"/>	Alert, NAD	Lymph:	<input type="checkbox"/>	Øadenophy cervical, axillary, groin
Skin:	<input type="checkbox"/>	Ø rash, Ø abn lesions	Chest:	<input type="checkbox"/>	CTAB, nl rate, Ø wheezes
Neck:	<input type="checkbox"/>	FROM, Ø thryomegaly	Cardiac:	<input type="checkbox"/>	RRR, Ø M/G/R, no abnl hrt snes
Head:	<input type="checkbox"/>	Atraumatic, normocephalic	ABD:	<input type="checkbox"/>	Ø masses, Ø HSM, NT, ND
Ears:	<input type="checkbox"/>	TM, Ø inflam, nl external	GU:	<input type="checkbox"/>	Ø inflam, Ø lesions, nl genitalia
Eyes:	<input type="checkbox"/>	Ø DC, Ø icterus	Neuro:	<input type="checkbox"/>	nl DTR, Orientated X3
Nose:	<input type="checkbox"/>	nl internal, nl external	Extremities:	<input type="checkbox"/>	nl ROM, symmetry, strength
Oropharynx:	<input type="checkbox"/>	Øinflam, Ølesions, Øexudate	circle	RUE	LUE RLE LLE

ADDITIONAL EXAM:

DIAGNOSIS:

- 1.-
- 2.-
- 3.-
- 4.-
- 5.-

COMMENTS:

[] FOLLOW-UP CARE REQUIRED

_____ MD/DO

VITAMINS

- Adults vitamins QD _____
- Chewable vitamins QD _____
- Infant vitamins _____ dropper QD _____
- Prenatal MVI _____

ANALGESICS

- Acetaminophen/Paracetamol 500 mg _____
- 120 mg/5 ml, 100mg/ml _____
- ASA 300 mg _____
- Celecoxib 200 mg _____
- Hydrocodone 5 mg _____
- Ibuprofen 400 mg, 100 mg/5 ml _____
- Ketoralac 30 mg/ml _____
- Naproxen 500 mg _____

ANTIBIOTICS/ANTIMICROBIALS

- Albendazole 200 mg, 100 mg/5 ml _____
- Amoxicillin 250 mg, 500mg _____
- 250mg/5ml _____
- Augmentin 125 & 500 mg _____
- Azithromycin 500 mg _____
- Cefadroxil 500 mg _____
- Ceftriaxone 1 gm vial _____
- Cephalexin 250 mg, 500mg _____
- 250mg/5ml _____
- Ciprofloxacin 500 mg _____
- Clarithromycin 250 mg _____
- Doxycycline 100 mg _____
- Furazolidone 100 mg, 50 mg/5 ml _____
- Fluconazole 150 mg _____
- Griseofulvin 250 mg _____
- Metronidazole 250mg, 500mg _____
- 250mg/5 ml _____
- Mebendazole 100 mg _____
- 100mg/5ml _____
- TMP-SMX* 800/160mg _____
- 200/40mg/5ml _____

ANTIPSYCHOTICS

- Chlorpromazine [Thorazine] 50 mg _____
- Haloperidol [Haldol] _____

CARDIOVASCULAR

- Acetazolamide 250 mg _____
- Atenolol 100 mg _____
- Enalapril 10 mg _____
- Furosemide 40 mg _____
- HCTZ 25 mg _____

DERMATOLOGY

- Bacitracin / Neomycin*cream _____
- Benzyl Benzoate 25% lotion _____
- Betamethasone 0.05% cream _____
- Clotrimazole 1% cream _____
- Hydrocortisone 1% cream _____
- Moisturizers creams & lotions _____
- Permethrin, lotion and shampoo _____

EENT

- Chlorpheniramine 4 mg tabs, 2 mg/5 ml _____
- Cortisporin otic susp _____
- Diphenhydramine 50 mg _____
- Loratadine 10 mg _____
- Nasal steroid _____
- Neosporin eye drops _____
- Pseudoephedrine 30 mg _____
- Saline eye drops _____
- Vasoconstrictive eye drops _____

ENDOCRINE

- Glyburide 5 mg _____

GI

- Al & Mg Hydroxide* 400/400 mg tabs/
susp _____
- Bismuto 262 mg _____
- Docusate Sodium 100 mg _____
- Methyl Cellulose _____
- Omeprazole 20 mg _____
- Oral rehydration salts/therapy _____
- Ranitidine 150 & 300 mg _____

GYNECOLOGICAL

- Folic Acid 400 mcg _____
- Oral Birth Control Pills (OBC) 35 mcg _____

NEUROLEPTICS

- Carbamazepine 200 mg _____

RESPIRATORY

- Detromethorphan 15 mg/5 ml _____
- Prednisone 5 mg _____
- Salmeterol 100ug/dose MDI _____

MISCELLANEOUS

- Ferrous sulphate 300 mg tabs, 75 mg/5 ml _____
- _____
- Sunscreen _____
- Triamcinalone injectable _____

OTHERS

- _____
- _____
- _____

INTEGRATED HEALTH

- Back Exercises
- Neck Exercises
- Counseling for
- Referral for
- Others

.....
Recibi Conforme