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| **Height(cm):** | **Weight(kg):** | **HR:** | **RR:** | **BP:** | **Temp (∘C):** |

## Please review medications: Circle if you need refills; cross out if no longer taking.

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| Medication | Sig |
| **amiodarone (PACERONE) 200 MG tablet** | **Take 200 mg by mouth daily.** |
| **ascorbic acid 500 MG tablet** | **Take 250 mg by mouth 3 (three) times daily.** |
| **aspirin 325 MG tablet** | **Take 325 mg by mouth daily.** |
| **atorvastatin (LIPITOR) 80 MG tablet** | **Take 40 mg by mouth every evening.** |
| **carvedilol (COREG) 25 MG tablet** | **Take 25 mg by mouth 2 (two) times daily with meals.** |
| **doxycycline (VIBRAMYCIN) 100 MG capsule** | **Take 100 mg by mouth 2 (two) times daily. Avoid direct sunlight, may cause photosensitivity** |
| **enoxaparin (LOVENOX) 120 mg/0.8 mL Syrg** | **Inject 1 mg/kg under the skin 2 (two) times daily.** |
| **ferrous sulfate 325 (65 FE) mg tablet** | **Take 325 mg by mouth 3 (three) times daily with meals.** |
| **folic acid (FOLVITE) 1 MG tablet** | **Take 1 mg by mouth daily.** |
| **Lactobacillus acidophilus 1 mg (100 million cell) Tab** | **Take 1 mg by mouth 3 (three) times daily.** |
| **losartan (COZAAR) 25 MG tablet** | **Take 25 mg by mouth 2 (two) times daily.** |
| **omeprazole (PRILOSEC) 20 MG capsule** | **Take 20 mg by mouth 2 (two) times daily.** |
| **potassium chloride (KLOR-CON) 10 MEQ CR tablet** | **Take 10 mEq by mouth daily.** |
| **rifAMPin (RIFADIN) 300 MG capsule** | **Take 300 mg by mouth 2 (two) times daily.** |
| **senna (SENOKOT) 8.6 mg tablet** | **Take 1 tablet by mouth daily.** |
| **sodium chloride (NS) 0.9 % injection** | **Inject 3 mL into the vein every 8 (eight) hours. For irrigations each ml use liberally active affected area every day** |
| **spironolactone (ALDACTONE) 25 MG tablet** | **Take 25 mg by mouth daily.** |
| **torsemide (DEMADEX) 20 MG tablet** | **Take 100 mg by mouth 2 (two) times daily. Take one-half tablet by mouth BID to remove excess fluid** |
| **warfarin (COUMADIN) 5 MG tablet** | **Take 2.5 mg by mouth Daily. Take 4 tablets by mouth every evening except take 5 tablets Monday, Wednesday and Friday or as directed by warfarin clinic to prevent blood clot** |

**New medications?**

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| Name: | Dosage: | Start date: | Comments: |
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|  | **What are your Wellness Goals? Did you bring your Wellness Journal?** |

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|  | **Have you experienced any of the following symptoms since your last visit?** **Circle positive responses** |

* *General: weight changes, malaise, fatigue, night sweats*
* *HENT: headache, hoarseness, soreness, change in hearing*
* *Respiratory: chest wall pain, wheezing, shortness of breath, cough, blood in cough*
* *Cardiovascular: chest pain, shortness of breath while lying flat, leg swelling, heart racing*
* *GI: changes in appetite, trouble swallowing, nausea, vomiting, blood in vomit, diarrhea, constipation, blood in stool*
* *GU: frequency, urgency, pain, blood in urine, inability to control voiding*
* *Endocrine: increased thirst, appetite, or hot/cold intolerance*
* *Musculoskeletal: muscle/joint pain, joint swellings, changes in range of motion*
* *Hematologic/Lymphatic: bruising, nose bleeds, increased bleeding, swollen lymph nodes*
* *Neuro: seizures, one-sided weakness, change in coordination*
* *Psychiatric: changes in mood*
* *Dermatologic: rashes, itching, lesions*
* ***Driveline:*** *swelling, redness, pain, induration, drainage*

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

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|  | **Do you have specific questions for your provider?** |

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