Visit Check-in Form WELCOME to Emmanuel Christian Health Center!! rev. 12 19 17
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FLU (in season), PNEUMONIA, SHINGLES, & TETANUS VACCINES AVAILABLE DURING YOUR VISIT WE ALSO PROVIDE TRAVEL MEDICINE CONSULTATIONS AND VACCINES FOR FOREIGN TRAVEL

Full Name					/
1. Reason for your visit: follow-up new sickness	ss nan	nhysical	rofille	mammoo	
Review: blood tests x-rays other tests				-	
For other problems, write details here:	_ *************************************	toolo dono		_ *************	
To outer probleme, write details here.					
2. Please review the medicine list we have on file f List ALL medicines you need us to refill today or o	•			ections o	additions.
3. Check if allergic to: No allergies Penicillin_	Amoxicill	in Cipro	Sulfa	_ Latex_	
Bactrim Erythromycin Aspirin Codeine	lodine_	Morphine_	Flu s	hots	
For your safety we update allergies at each visit. P	Please list any	other medicati	on allergie	s you hav	e:
4. Cigarette use: never smoked quit wh	nen?	still smoke	pack	s a day	want to quit
Vaccine Recommendations: Pneumonia vaccine is			-		
lung or kidney disease. CDC & Medicare also reco VACCINES (Pneumovax-23 and NEW Prevnar-13) f					
over and have never had the vaccine. Tetanus sho		_			-
5. Check if you need a: pneumonia shot	shingles sho	t flu sho	ot	tetanus sl	1ot
Check if you need these other preventive service		_			· · · · · · · · · · · · · · · · · · ·
EKG pap physical colonoscopy	/ mamm	ogram	Dexa scan	hep	atitis B shot
6. Addressing new symptoms early may prevent	serious illnes:	s. Are you havi	ng any of tl	hese symp	otoms?
GENERAL: fever chills poor appetite	e tiredn	ess weigh	nt loss witho	ut trying	_
LUNGS: short of breath at rest short of brea					
dry cough cough up blood cough up gre	-				
CIRCULATION: chest pain, pressure, or tightness	_				
dizzy spells fainting palpitations (heart f	_		_		
GI: nausea vomiting diarrhea contribution blood in bowel movements black bowel move				eartburn	_
URINARY: pain or burning with urination increas				ne	
NEUROPSYCHIATRIC: numbness or tingling					
weakness of arm or leg slurring or loss of speed					
ENDOCRINE: excessive thirst dry mouth					heat
FEMALE: vaginal bleeding after menopause					
already scheduled for your next mammogram? yes			mogram ord	ler from us	? yes no
Please check here if you have none of the above s	ymptoms	-			
Describe any other new symptoms you have:					
STAFF ONLY WRITE BELOW THIS LINE					
BP/ Pulse PO2	_ Temp	°F WT_	lbs.	HTir	1.
Repeat BP/					
Di-				S	T T
Ex- Spec-				E T	T T
Spec- BP-				'	•

BS-