

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE: 31 JAN 64
 SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
 S-42 y/o ♂ DETACHED referred by CIW for complete
 physical + history. Otherwise hms BP was elevated
 today in clinic. He denies any current chest pain
 headaches or visual changes.
 I-107
 I-99.1
 R-18
 O) WOUND OF NAV VS ↑ BP APPEARANCE GAIT - NL
 NEURO CN II - CN XII, C4-T1 MOTOR + L2-S2 MOTOR GROSSLY INTACT
 OTRs 2+
 154 - 4 HEENT - NL
 NECK - Slight ↑ clarity of thyroid gland
 10 children
 FH - PARENT LUNGES - CRAFT HEART - RRR S MURMURS
 SH - 6 CG 40 x 15 MONTHS ABUS - BONDEN
 GASTRO - 1 CM MASS ON CERVIX "PAPILLOMA" x 10 YRS
 SIEGE - BROWN HOME M-C
 RECTAL - NL SPHINCTER TONE NO ABUS OR HEMORRHOIDS
 MED - NO CURRENT
 ALLERGIES - NKDA
 PIGMENT - smooth symmetrical neg for nodules
 LFT - MOVES ALL UPON ALSO EQUAL
 150/100
 135 hms integumentary - neg for acute scabs, ecchymosis or lacerations
 A) 1. ↑ BP 2. Painless testicular mass x 10 yrs - probable EIC
 3. OTHERWISE NL PE
 P) 1. E/C on sigmoidal for probable BP checks
 2. CASE AND PLAN DISCUSSED WITH PT THROUGH
 INTERPRETER

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR

PATIENT'S IDENTIFICATION: (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)

NAME: (b)(6)-4	RANK:	REGISTER NO.	WARD NO.
SSN:	DOB:	CHRONOLOGICAL RECORD OF MEDICAL CARE Medical Record STANDARD FORM 600 (REV. 8-97) Prescribed by GSA/ICMR FIRMR (41 CFR) 201-9.202-1 USAPA V2.00	
UNIT: V C			

AUTHORIZED FOR LOCAL REPRODUCTION

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)

REPORT OF DETAINEE MEDICAL SCREENING:

History of Past Medical Conditions: (circle) High Blood Pressure, Diabetes, Heart Failure, Kidney Failure, Seizures, Stroke, Bleeding
 N/A
 Ulcers, Chronic Bowel problems, Thyroid Dz.

Medication Allergies: (NO) (YES) List -

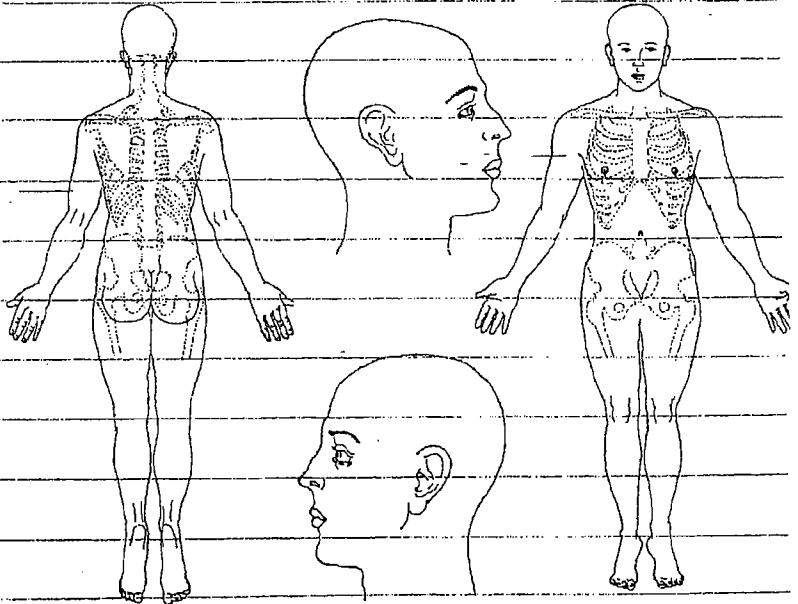
(Current Medications: (Name/Dose/Frequency/Last Taken) (NONE)

Recent Injuries: (NO) (YES) Describe -

Exam Findings: BP: 130 / 80 Pulse: 96 Resp: 17

Utilize Diagram and Space Below to Indicate Examination Findings.

If additional space required, continue on reverse



(FIT) (UNFIT) For Confinement

(Does) (Does Not) Require Further Eval

Name/Rank/Unit of Screener

HOSPITAL OR MEDICAL FACILITY	STATUS	DEPART./SERVICE	RECORDS MAINTAINED AT
SPONSOR'S NAME	SSN/ID NO.	RELATIONSHIP TO SPONSOR	
PATIENT'S IDENTIFICATION (For typed or written entries, give: Name - last, first, middle; ID No or SSN; Sex; Date of Birth; Rank/Grade.)		REGISTER NO.	WARD NO.

Detainee Information:

Name: (b)(6)-4

Control Number: (b)(6)-4

Date/Time of Detention:

MEDCOM - 610

CHRONOLOGICAL RECORD OF MEDICAL CARE

Medical Record
 STANDARD FORM 600 (REV. 6-97)
 Prescribed by GSA/ICMR
 FIRMR (41 CFR) 201-9.202-1

USAPA V2.00