

4004657502-247

PRIMARY PROVIDER DATE INITIATED/UPDATE

ADVANCE DIRECTIVES		ORGAN DONOR	
Type & Date:		Date: <input type="checkbox"/> YES <input type="checkbox"/> NO	
ALLERGIC/ADVERSE DRUG REACTIONS (years)	None Known	Patient Identifier	
		MARITAL STATUS	LIVES WITH
		CHILDREN	
		OCCUPATION(S)	RELIGION
		HIGHEST EDUCATION	PERMANENT IMPAIRMENTS
	OTHER (SUPPORT SYSTEM, ACTIVITIES, MAJOR LIFE EVENTS)		

IMMUNIZATIONS:

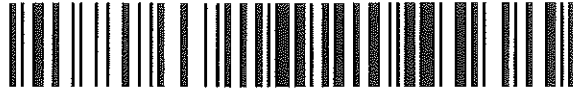
OPERATIONS, HOSPITALIZATIONS & INVASIVE PROCEDURES	None	Date	Date	Date	Date	
	1. _____	_____	5. _____	_____	<input type="checkbox"/> T&A ()	<input type="checkbox"/> Appx ()
	2. _____	_____	6. _____	_____	<input type="checkbox"/> GB ()	<input type="checkbox"/> TURP ()
	3. _____	_____	7. _____	_____	<input type="checkbox"/> Hys ()	<input type="checkbox"/> BRL SO ()
	4. _____	_____	8. _____	_____	<input type="checkbox"/> BTL ()	<input type="checkbox"/> Vas ()

PROBLEM LIST	Date of Onset	First Note	#	Problem & Comments (Diagnoses/Conditions/Key Tests/Consults)	Resolved (Check)	



JOHNS HOPKINS
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BAYVIEW MEDICAL CENTER



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HEALTH PROFILE/AMBULATORY SUMMARY TO BE COMPLETED BY PROVIDER

Guidelines For Use:

1. Include all chronic or important problems on the problem list and problems you wish to reference (e.g. hypertension, hypercholesterolemia, recurrent urinary tract infections, R Colles fracture, aseptic meningitis, L shoulder rotator cuff tendonitis). Do not include transient acute minor problems that you do not wish to reference (e.g. upper respiratory infection, otitis externa).
2. Add important information next to problem. Example: 3 CHF EF 25% (echo 3/99)
3. Draw one single line through resolved / inactive problems.
4. Abuse and neglect assessment must be completed at every visit.

Abbreviations:

Appx	appendectomy	Hys.	Hysterectomy
BTL	bilateral tubal ligation	LW	living will
B	bilateral	T&A	tonsillectomy and adenoidectomy
R	right salpingo-oophorectomy		
L	left (circle B, R, or L)	TURP	transurethral resection of prostate
DOB	date of birth	Vas	vasectomy
DPA	durable power of attorney for Health Care		
JHBMC#	Johns Hopkins Bayview Medical Center#	#	number
GB	cholecystectomy		