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CLIENT RECORD - SIDE 1

Surname	Given Names	Band No. and Band
Address	Phone No.	Next-of-Kin
Sex	Religion	Allergies

Date Yr / Mo / Day	Time	Location of Service	ACTIVITY NOTES AND SIGNATURE
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Date Yr / Mo / Day	Time	Location of Service	ACTIVITY NOTES AND SIGNATURE
Jan 2/18	1600	MS	⑤ 10th & 11th - Peppers sprayed this art. 11th (D) In cells since 2400h - Broke father windows while doing Babaparter + Gavel & burning in eyes - Full ROM of Neck - & pain A+Ox3 P&RL3+ Eating drinking well. & vomiting & diarrhea & CP & SOB - & ear/throat/or eye pain. No Subacute Abuse - Babaparter, 16 day / Perotated away Had concussion 2005 / 6 - bit of repair 20/6. Meds - & allergy - Gyn therapy 10-2017. Immunizations up to date. ⑥ 36° S 96% W 172 B 138/82 Rosp 16. HGER 10 - JMA's pearly grey & + Gylt reflex & pain on palp of head. Sclera white; no inflammation to eyes - & swelling to eye lids - Vision (D) P&RL4+ related. Unseen clear. Gouty pink & leucoid nodes enlarged.

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Address _____ Band No. and Band _____

Nurse's Signature, RN.