

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

TYPES OF VISITS:  New patient  Sick  Wellness  Urgent  Follow-up  COVID-19 related  Others

TIPO DE VISITA

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WHAT IS THE REASON FOR THE VISIT? FOR EXAMPLE: ABDOMINAL PAIN

CUAL ES LA RAZON DE LA VISITA? POR EJEMPLO: DOLOR ABDOMINAL

HOW LONG DO YOU HAVE THE PROBLEM?

POR CUANTO TIEMPO HAS TENIDO ESTE PROBLEMA?

WHAT MAKE IT WORSE?

QUE HACE SE EMPEORE?

WHAT MAKE IT BETTER? HAVE YOU TRY TO TAKE ANY MEDICATIONS?

QUE HACE SENTIRSE BIEN O MEJOR? / HAZ TRATADO ALGUNA MEDICINA PARA ESTA CONDICION?

HAVE YOU SEEN ANY DOCTOR FOR IT? WHAT THE NAME OF THE DOCTOR OR CLINIC AND TELEPHONE?

HAZ VISTO ALGUN DOCTOR POR ESTO? CUAL ES EL NOMBRE DEL DOCTOR O DE LA CLINICA TELEFONO?

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BP: \_\_\_\_/\_\_\_\_ P: \_\_\_\_\_ TEMPT: \_\_\_\_\_ PAIN SCALE: 0 1 2 3 4 5 6 7 8 9 10  
(10 is the highest and most painful)