

**N312 HEALTH ASSESSMENT
LAB TEST OUT #1 FORM
Total 100 points**

Student Name: Shana Stanley

Date: 9/9/20

Client Name: Anita Wilson

DOB: 10/15/97

CC: Lower Back Pain (constant)

Vital Signs and Client Demographics:

B/P: 130/90	Pulse: 88	Temp: 98.6 F	Gender: F
Pain: 6/10	RR: 18	Weight: 157lb	Marital Status: single
Assistive Devices: Glasses/ contacts	O2 sat: 99%	Height: 5'6	Occupation: CNA(4YRS)
Primary Language: English	Race: African American	Religion: Christians	Code Status: Circle FULL CODE or DNR or OTHER <i>specify if other selected-</i>

Allergies and Type of reaction: NO

History of present Illness (OLDCART):

O: Pt stated that the pain started 3 days ago while lifting a Pt at work
L: Lower Back pain
D: 3 Days
C: Pain is described as sharp with activity, but otherwise it is constant
A: Pt feels pain the most when lifting, bending, and walking fast
R: Pt uses heating pad to relive pain
T: No prier treatments

PMH: Pt had the chickenpox as a child

PSH (Provide dates): Wisdom teeth removed at 14yr

MEDICATIONS: _____

Name: NA Dose: NA Route: NA Frequency: NA Last taken:
NA

FAMILY HISTORY (Maternal and Paternal Side- Mother, Father, Grandparents-Clarify maternal or paternal side, and Siblings): Maternal
Diabetes, Paternal kidney desises

SOCIAL HISTORY:

Living Arrangements: Lives alone

Tobacco Use: No

Alcohol Use: No

Recreational Drug Use: No

Review of Systems (Circle if positive and provide subjective detail from client):

General	<u>Fatigue</u> , weight changes, fevers, chills, night sweats: NO
Skin	Dryness, rashes, lesions, non-healing sores, hair changes, puritis : <u>NO</u>

HEENT	Headache(LACK OF REST), head injury, blurry vision, double vision, earache, drainage, change in hearing, nasal congestion, nose bleeds, nasal drainage, dry mouth, sore throat, swallowing difficulty,
Cardiac	Chest pain, palpitations, diaphoresis, dyspnea, PND, Orthopnea, claudication NO
Respiratory	Wheezing, cough, difficulty breathing, increase in sputum production NO
Gastrointestinal	Nausea (DUE TO BACK PAIN), vomiting, diarrhea, constipation, abdominal pain, heartburn, jaundice, Hematochezia, Melena, Last episode of nausea and/or vomiting if connected with history of present illness: _____ NO _____ Passing Gas: YES/NO _____ Last bowel movement: YESTURDAY _____
Genitourinary	Hesitancy, frequency, urgency, burning, hematuria, incontinence, flank pain, male urine flow changes, female LMP: _____, Last urination: _____ 30MIN AGO _____ Sexually Active: YES/NO _____ Chance of pregnancy: YES/NO _____
Musculoskeletal	Swelling, stiffness or soreness in joints, back or neck pain
Neurological	Weakness(DUE TO BACK PAIN) , numbness, LOC, syncope, dizziness, headache , coordination changes, recent falls

Total points Awarded: out of 100 points

PASS or FAIL: _____

Instructor comments if applicable:
