

MEDICAL RECORD

CHRONOLOGICAL RECORD OF MEDICAL CARE

DATE	SYMPTOMS, DIAGNOSIS, TREATMENT, TREATING ORGANIZATION (Sign each entry)
31 Army Cof Cuff BP - 198/110 / 174/114 R-107 T-99.1	S-42 y/o ♂. DETACHED referred by CIO for complete physical + history. Otherwise bms br was elevated today in clinic. He denies any current chest pain headaches or visual changes.
R-18	2) 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 - Supra T thyroidity or thyroidopathy
FH - Medical	HEENT - RAL S MURMURS LUNGS - CTA
SH - 6 CG 40 x 15 months	ABD - BENIGN Genital - 1 CM MASS ON C. TESTICLE "PARAPLUS" x 10 yrs SICK - BROWN HOME M-C
MED - NO CURRENT	Rectal - NL sphincter tone NO ABNO OR HEMORRHOID.
Allergies - NKDA	Prostate - smooth symmetrical neg for nodules
150/100	CRT - MOVES ALL LATER ALSO EQUAL 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. EIC on scrotal per previous 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 FIRM (41 CFR) 201-9.202-1 USAPA V2.00		
UNIT:	V C			

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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
 Ucers, Chronic Bowel problems, Thyroid Dz.

Medication Allergies: N/A (NO) (YES) List -

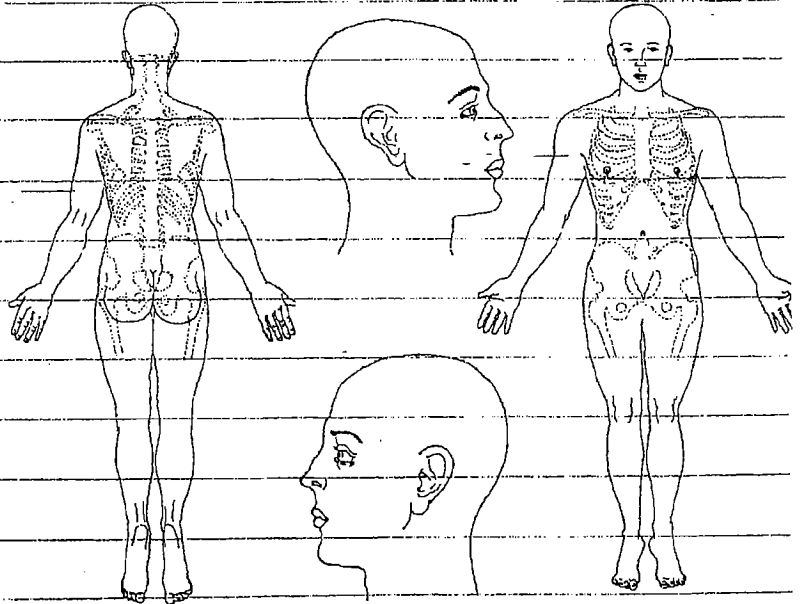
(Current Medications: (Name/Dose/Frequency/Last Taken) NONE)

Recent Injuries: NONE (NO) (YES) Describe -

Exam Findings: BP: 130 / 80 Pulse: 96 Resp: 12

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

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STANDARD FORM 600 (REV. 6-97)

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