

Name _____ SS# _____ Date _____
 Address _____ Occupation _____
 Phone (home) _____ (work) _____ Date of birth _____ Age _____
 Chief complaint _____

DRUG ALLERGIES

FAMILY HISTORY

	Father	Mother	Father's Parents	Mother's Parents	Siblings	Children
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glaucoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kidney Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thyroid Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT MEDS

HOSPITALIZATION OR SURGERY

Reason	Date	Reason	Date

MEDICAL HISTORY

- | | | |
|--|---|--|
| <input type="checkbox"/> Headache | <input type="checkbox"/> Lactose intolerance | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Gallbladder disease | <input type="checkbox"/> Gout |
| <input type="checkbox"/> Heart palpitations | <input type="checkbox"/> Prostate disease | <input type="checkbox"/> Scarlet fever |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Bowel irregularity | <input type="checkbox"/> Chronic rashes |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Incontinence | <input type="checkbox"/> Rheumatic fever |
| <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Sexual/menstrual dysfunction | <input type="checkbox"/> Mumps |
| <input type="checkbox"/> Peripheral vascular disease | <input type="checkbox"/> Venereal disease | <input type="checkbox"/> Measles |
| <input type="checkbox"/> Allergies/Hay fever | <input type="checkbox"/> Frequent infections | <input type="checkbox"/> Rubella |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> Polio |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Anemia | <input type="checkbox"/> Diphtheria |
| <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Tetanus |
| <input type="checkbox"/> Ulcer | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Other |
| <input type="checkbox"/> GI disorder | <input type="checkbox"/> Nervousness | <input type="checkbox"/> Other |

WOMEN ONLY: Pregnant? Yes No Planning pregnancy? Yes No
MEN ONLY: It's common for men to occasionally experience erection difficulties. Is this something that happens to you? Yes No
 How often does this occur? Frequently Sometimes Rarely

HABITS

- | | | |
|---|---|---|
| <input type="checkbox"/> Smoke: Packs daily _____
How long? _____
Interested in stopping? _____ | <input type="checkbox"/> Coffee: Cups daily _____
Other caffeine _____ | <input type="checkbox"/> Sleep: Difficulty falling asleep _____
Continuity disturbances _____
Snoring _____
Early morning awakening _____
Daytime drowsiness _____
Other _____ |
| <input type="checkbox"/> Exercise routine: _____ | <input type="checkbox"/> Alcohol: Type _____
Amount _____ | |
| | <input type="checkbox"/> Diet: Salt intake _____
Fat intake _____ | |

Prescribe Leva-pak — LEVAQUIN 750 mg/QD for 5 days



- * Today's treatment regimen delivers proven efficacy in 5 days for CAP¹
- * May set patient expectations²
- * May help ensure completion of therapy²

* LEVAQUIN is indicated for community-acquired pneumonia due to *S. pneumoniae* (including penicillin-resistant strains; MIC value for penicillin ≥2 µg/mL), *S. aureus*, *H. influenzae*, *H. parainfluenzae*, *K. pneumoniae*, *M. catarrhalis*, *M. pneumoniae*, *C. pneumoniae*, or *L. pneumophila*. Please see accompanying full Prescribing Information.

ONCE-A-DAY
Levaquin[®]
 (levofloxacin) — Tablets/Injection
 (levofloxacin in 5% dextrose) Injection
 the right choice...now more than ever

Name _____ SS# _____ Date _____

REVIEW OF SYSTEMS

- Neurologic _____ GI _____ Cardiovascular _____
 GU _____ Cerebrovascular _____ Musculoskeletal _____
 Peripheral vascular _____ Dermatologic _____ Hematologic _____

PHYSICAL EXAM

Temperature _____ Pulse _____ BP _____
 Height _____ Weight _____ Respiration _____
 General Appearance _____

	N	AB	Notes
Skin			
HEENT			
Neck			
<i>Thyroid</i>			
<i>Lymph nodes</i>			
<i>Veins/carotid</i>			
Chest			
Lungs			
Heart			
Abdomen			
Genital			
Rectal			
Extremities			
<i>Joints</i>			
<i>Clubbing/cyanosis</i>			
<i>Peripheral pulses</i>			
Edema			
Neurologic			

TESTS ORDERED

- Chest X-ray _____ Barium enema _____ TB test _____ Flexsigmoidoscopy _____
 Kidney X-ray _____ Gallbladder _____ Air contrast: Obstruction series _____ ERCP _____
 UGI series _____ Electrocardiogram _____ Endoscopy _____ Liver biopsy _____
 Colonoscopy _____ Blood tests _____ ELISA _____ Elevated ALT _____

IMPRESSIONS

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The safety and efficacy of levofloxacin in pediatric patients, adolescents (under 18), pregnant women, and nursing mothers have not been established. Levofloxacin is contraindicated in persons with a history of hypersensitivity to levofloxacin, quinolone antimicrobial agents, or any other components of this product. Serious and occasionally fatal hypersensitivity and/or anaphylactic reactions have been reported in patients receiving therapy with quinolones, including levofloxacin. These reactions often occur following the first dose. The drug should be discontinued at the first appearance of a skin rash or any other sign of hypersensitivity.

Antacids containing magnesium or aluminum, as well as sucralfate, metal cations such as iron, and multivitamin preparations with zinc, or Videx®* (didanosine) chewable/buffered tablets or the pediatric powder for oral solution, should be taken at least 2 hours before or 2 hours after levofloxacin administration.

For information on Warnings, Precautions, and additional Adverse Reactions that may occur, regardless of drug relationship, please see full Prescribing Information.

REFERENCES: 1. Dunbar LM, Wunderink RG, Habib MP, et al. High-dose, short-course levofloxacin for community-acquired pneumonia: a new treatment paradigm. *Clin Infect Dis.* 2003;37:752-760. 2. Perez-Gorricho B, Ripoll M, PACE Study Group. Does short-course antibiotic therapy better meet patient expectations? *Int J Antimicrob Agents.* 2003;21:222-228.

ONCE-A-DAY
Levaquin[®]
 (levofloxacin) [±] Tablets/Injection
 (levofloxacin in 5% dextrose) Injection

the right choice...now more than ever

*Videx is a registered trademark of Bristol-Myers Squibb Company. Please see accompanying full Prescribing Information.



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02R10809B

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