

DAMERON HOSPITAL ASSOCIATION
Occupational Injury Clinic

6/16/2008 8:22 a.m.

Patient Name: Nombre de paciente <u>Tiffany Anderson</u>		Sex: Sexo <input type="checkbox"/> Male Musculino <input checked="" type="checkbox"/> Female Femenino	Birthdate: Fecha de nacimiento <u>8-22-70</u>
Street Address: Domicilio <u>1416 Iris Dr. #7</u>		Status: <input checked="" type="checkbox"/> Married Casado <input type="checkbox"/> Single Soltero	Home Telephone No.: Telefono de casa <u>209-333-1037</u>
City, State, Zip: Ciudad, Estado, Zip <u>Locke CA 95242</u>		Social Security Number: Seguro Social <u>549-23-5133</u>	Job Title: Ocupacion <u>PESTICIDE APPLICATOR</u>
Employer: Empleador <u>SJCMVCD</u>		Date of Injury: Fecha de accidente <u>6/14/08</u> Hour <input type="checkbox"/> A.M. <input checked="" type="checkbox"/> P.M.	Date last worked: Dia que trabajo ultimo <u>6-17-08</u>
Have you received treatment for this injury elsewhere? A recibido tratamiento para este accidente en otro lugar? <input type="checkbox"/> YES/SI <input checked="" type="checkbox"/> NO		Have you been seen here before? Ha venido aqui antes? <input checked="" type="checkbox"/> YES/SI <input type="checkbox"/> NO	
Describe how the injury occurred: Como ocurrio el accidente <u>Climbing ^{ont} off the back off a truck</u> <u>Repeatedly.</u>			

Significant Diagnosis	Major Surgery	Medications	Drug Allergies
1.	1. —	1. <u>IB profin 200mg</u>	1. <u>None</u>
2.	2.	2.	2.
3.	3.	3.	3.
4.	4.	4.	4.

Tetanus: Vision: Rt 20/ Lt 20/ Dominant Hand: Rt Lt

PROVIDER NOTES

Subjective: dictated

Objective: dictated

ethusa @ time
spaw @ time

Assesment: dictated

Orders: X-Ray Lab voice Injection mod duty

Results:

Treatments:

Medications <u>Ibuprofen</u>	Dose <u>800mg</u>	Quantity
Medications <u>Darvocet</u>	Dose <u>10</u>	Quantity
Medications	Dose	Quantity

Physician Signature: [Signature]