3 DWC-missing 10-13-05

8046

DAMERON HOSPITAL ASSOCIATION
Occupational Injury Clinic

Initial Visit

10/13/2005 7:49 a.m.

Patient Name: *Nombre de paciente* Tiffany Anderson	**Sex:** *Sexo* ☐ Male *Masculino* ☒ Female *Femenino*	**Birthdate:** *Fecha de nacimiento* 8-22-70
Street Address: *Domicilio* 1416 Iris Dr. #7	**Status:** ☐ Married *Casado* ☒ Single *Soltero*	**Home Telephone No.:** *Telefono de casa* 209-333-1037
City, State, Zip: *Ciudad, Estado, Zip* Lodi CA 95242		**Social Security Number:** *Seguro Social* 549-23-5133
Employer: *Empleador* SJCMVC		**Job Title:** *Ocupacion* Tech I
Date of Injury: *Fecha de accidente* 10-11-05 Hour *Hora* 9:00 ☒ A.M. ☐ P.M.	**Date last worked:** *Dia que trabajo ultimo* 10-13-05	**Have you been seen here before?** *Ha venido aqui antes?* ☒ YES/Si ☐ NO
Have you received treatment for this injury elsewhere? *A recibido tratamiento para este accidente en otro lugar?* ☐ YES/Si ☒ NO	If yes, where? *Si, Cuando?*	Date *Feche*

Describe how the injury occurred: *Como ocurrio el accidente* Checking a mosquito breeding source and the bank of the ditch gave way I fell into a four 1/2-ft ditch filled with water.

SUMMARY OF DIAGNOSIS AND CONDITIONS

Significant Diagnosis	Major Surgery	Medications	Drug Allergies
1. DENIES	1. DENIES	1. XANX	1. NKAA
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*

Keralog 40 mg, 1M

Assesment: ☑ *dictated*

Keralog 50 mg 96h #16

Orders: X-Ray _____ Lab _____ Injection _____

Results: _____

Treatments: Medications _____ Dose _____ Quantity _____

Medications _____ Dose _____ Quantity _____

Medications _____ Dose _____ Quantity _____

Physician Signature: dlv

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