



PATIENT CHART

TEAM (CIRCLE ONE):
 ALPHA BRAVO CHARLIE DELTA

PATIENT NAME: *Yara Jargutin*

AGE: *16*

SEX: Male Female

Patient Status: Check one before giving chart to Case Manager

<input checked="" type="checkbox"/>	Initial Diagnosis	<input checked="" type="checkbox"/>	Results In		Treatment Plan
<input checked="" type="checkbox"/>	Test Ordered		Final Diagnosis		Trial Selected

DIAGNOSTIC SPECIALISTS

Key Symptoms: (from Medical Chart)

Weight loss, sallow skin, hair loss, tired all the time

Initial Diagnosis: *anorexia nervosa*

Selected in Medi-Net: YES NO

Test ordered (list below)	(<input checked="" type="checkbox"/>) when ordered in Medi-Net	Test ordered (list below)	(<input checked="" type="checkbox"/>) when ordered in Medi-Net
<i>CBC (complete blood count)</i>	<input checked="" type="checkbox"/>	<i>urinalysis</i>	<input checked="" type="checkbox"/>
<i>Chem panel (chem 20)</i>	<input checked="" type="checkbox"/>		
<i>ECG</i>	<input checked="" type="checkbox"/>		
<i>endoscopy</i>	<input checked="" type="checkbox"/>		

Signature: *M. Calinger*

Date:

MED-SURGE SPECIALISTS

Reviewed Key Symptoms and Initial Diagnosis: YES NO

Test ordered (list below)	Results: (Circle one)	Observation/Conclusion/Explanation
	Normal / Not Normal	

Final Diagnosis:

Selected in Medi-Net: YES NO

Signature:

Date:

CLINICAL INTERVENTION SPECIALISTS

Reviewed Test Results and Confirmed Final Diagnosis: YES NO

Treatment Plan:

Recommended Clinical Trial:

Signature:

Date:



PATIENT CHART

TEAM (CIRCLE ONE):
 ALPHA BRAVO CHARLIE DELTA :

PATIENT NAME: <i>Fiona Helgesborg</i>	AGE: <i>36</i>	SEX: Male <u>Female</u>
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Patient Status: Check one before giving chart to Case Manager

<input checked="" type="checkbox"/> Initial Diagnosis	<input checked="" type="checkbox"/> Results In	Treatment Plan
<input checked="" type="checkbox"/> Test Ordered	<input checked="" type="checkbox"/> Final Diagnosis	Trial Selected

DIAGNOSTIC SPECIALISTS	Key Symptoms: (from Medical Chart)
<i>Persistent cough. Gets upper respiratory infection often. Coughing worse at night when she lies down. Coughs up yellowish-green mucus.</i>	

Initial Diagnosis : <i>bronchitis</i>	Selected in Medi-Net : <u>YES</u> NO
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Test ordered (list below)	(✓) when ordered in Medi-Net	Test ordered (list below)	(✓) when ordered in Medi-Net
<i>WBC (white blood count)</i>	✓		
<i>Chest x-ray</i>	✓		
<i>Culture and sensitivity -sputum</i>	✓		

Signature: <i>M. Callinger</i>	Date:
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MED-SURGE SPECIALISTS	Reviewed Key Symptoms and Initial Diagnosis: YES NO
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Test ordered (list below)	Results: (Circle one)	Observation/Conclusion/Explanation
<i>WBC (white blood count)</i>	Normal <u>Not Normal</u>	<i>13,000 = high</i>
<i>Chest x-ray</i>	Normal <u>Not Normal</u>	<i>Moderate amount of mucus in both lungs</i>
<i>Culture and sensitivity -sputum</i>	Normal <u>Not Normal</u>	<i>Positive for Mycoplasma Sputum bacteria -</i>
	Normal / Not Normal	<i>Sensitive to doxycycline</i>
	Normal / Not Normal	

Final Diagnosis: <i>bronchitis</i>	Selected in Medi-Net : <u>YES</u> NO
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Signature: <i>J. Amato</i>	Date:
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CLINICAL INTERVENTION SPECIALISTS	Reviewed Test Results and Confirmed Final Diagnosis: YES NO
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Treatment Plan:	Recommended Clinical Trial:

Signature:	Date:
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PATIENT CHART

TEAM (CIRCLE ONE):
ALPHA BRAVO CHARLIE DELTA :

PATIENT NAME: *Gabriella Bantano*

AGE: *6*

SEX: Male Female

Patient Status: Check one before giving chart to Case Manager

<input checked="" type="checkbox"/>	Initial Diagnosis	<input checked="" type="checkbox"/>	Results In		Treatment Plan
<input checked="" type="checkbox"/>	Test Ordered	<input checked="" type="checkbox"/>	Final Diagnosis		Trial Selected

DIAGNOSTIC SPECIALISTS

Key Symptoms: (from Medical Chart)

High fever, coughing, itchy rash, restless, no appetite

Initial Diagnosis : *measles*

Selected in Medi-Net : YES NO

Test ordered (list below)	(<input checked="" type="checkbox"/>) when ordered in Medi-Net	Test ordered (list below)	(<input checked="" type="checkbox"/>) when ordered in Medi-Net
<i>Physical exam diagnosis</i>	<input checked="" type="checkbox"/>		

Signature: *J. Amato*

Date:

MED-SURGE SPECIALISTS

Reviewed Key Symptoms and Initial Diagnosis: YES NO

Test ordered (list below)	Results: (Circle one)	Observation/Conclusion/Explanation
<i>Physical exam diagnosis</i>	Normal / Not Normal	
	Normal / Not Normal	

Final Diagnosis: *measles*

Selected in Medi-Net : YES NO

Signature: *M.B. James*

Date:

CLINICAL INTERVENTION SPECIALISTS

Reviewed Test Results and Confirmed Final Diagnosis: YES NO

Treatment Plan:	Recommended Clinical Trial:

Signature:

Date:



PATIENT CHART

TEAM (CIRCLE ONE):
 ALPHA BRAVO CHARLIE DELTA

PATIENT NAME: <i>James Hennessey</i>	AGE: <i>52</i>	SEX: <input checked="" type="radio"/> Male <input type="radio"/> Female
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Patient Status: Check one before giving chart to Case Manager

Initial Diagnosis	Results In	Treatment Plan
Test Ordered	Final Diagnosis	Trial Selected

DIAGNOSTIC SPECIALISTS	Key Symptoms: (from Medical Chart)

Initial Diagnosis :		Selected in Medi-Net : YES NO	
Test ordered (list below)	(✓) when ordered in Medi-Net	Test ordered (list below)	(✓) when ordered in Medi-Net

Signature: _____ Date: _____

MED-SURGE SPECIALISTS	Reviewed Key Symptoms and Initial Diagnosis: YES NO
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Test ordered (list below)	Results: (Circle one)	Observation/Conclusion/Explanation
	Normal / Not Normal	

Final Diagnosis:	Selected in Medi-Net : YES NO
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Signature: _____ Date: _____

CLINICAL INTERVENTION SPECIALISTS	Reviewed Test Results and Confirmed Final Diagnosis: YES NO
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Treatment Plan:	Recommended Clinical Trial:

Signature: _____ Date: _____



PATIENT CHART

TEAM (CIRCLE ONE):
ALPHA BRAVO CHARLIE DELTA :

PATIENT NAME: *Jose Fiera*

AGE: *14*

SEX: Male Female

Patient Status: Check one before giving chart to Case Manager

<input checked="" type="checkbox"/>	Initial Diagnosis	<input checked="" type="checkbox"/>	Results In		Treatment Plan
<input checked="" type="checkbox"/>	Test Ordered	<input checked="" type="checkbox"/>	Final Diagnosis		Trial Selected

DIAGNOSTIC SPECIALISTS

Key Symptoms: (from Medical Chart)

Experienced unconsciousness after head to head collision. Severe headache, minimal bleeding from ears and nose. Exhibits confusion and irritability, Unable to answer simple questions.

Initial Diagnosis : *skull fracture*

Selected in Medi-Net : YES NO

Test ordered (list below)	(<input checked="" type="checkbox"/>) when ordered in Medi-Net	Test ordered (list below)	(<input checked="" type="checkbox"/>) when ordered in Medi-Net
<i>CT scan</i>	<input checked="" type="checkbox"/>		
<i>X-ray</i>	<input checked="" type="checkbox"/>		

Signature: *K. May*

Date:

MED-SURGE SPECIALISTS

Reviewed Key Symptoms and Initial Diagnosis: YES NO

Test ordered (list below)	Results: (Circle one)	Observation/Conclusion/Explanation
<i>CT scan</i>	<u>Normal</u> / Not Normal	<i>Negative for brain damage. No subdural</i>
	Normal / Not Normal	<i>Hematoma visible. No indication of bleeding</i>
	Normal / Not Normal	<i>Into brain. No skull depressions or bone spintering</i>
<i>X-ray</i>	Normal / <u>Not Normal</u>	<i>Linear skull fracture</i>
	Normal / Not Normal	

Final Diagnosis: *skull fracture*

Selected in Medi-Net : YES NO

Signature: *M.B. James*

Date:

CLINICAL INTERVENTION SPECIALISTS

Reviewed Test Results and Confirmed Final Diagnosis: YES NO

Treatment Plan:	Recommended Clinical Trial:

Signature:

Date: