

# Report Form

Name: Michael Berinski

Age: 55

Sex: Male Female

Team: (Circle One)

Alpha

Charlie

Bravo

Delta

Patient Status:  
(check one before  
giving the chart  
to the Case Manager)

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

NOTE: Be sure to update the Patient Status Board on the computer after each change above.

## DIAGNOSTICS SPECIALISTS

Key Symptoms (from Medical Chart and Medi-Net)

Initial Diagnosis \_\_\_\_\_

☐ Initial Diagnosis Selected in Medi-Net

Optional (Possible Alternative Diagnosis, With Explanation) \_\_\_\_\_

Tests Ordered: (List names below)	(Check when completed)
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

Tests Ordered: (List names below)	(Check when completed)
	<input type="checkbox"/> Test Ordered in Medi-Net
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	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

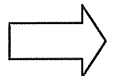
Signature \_\_\_\_\_ Date \_\_\_\_\_

## MED-SURG SPECIALISTS

☐ Double Checked Key Symptoms and Initial Diagnosis from Above

Tests Ordered: (List names below)	Test Results: (circle one)	Observation/ Conclusion/ Explanation
	Normal/ Not Normal	
	Normal/ Not Normal	
	Normal/ Not Normal	
	Normal/ Not Normal	
	Normal/ Not Normal	

Final Diagnosis: \_\_\_\_\_ ☐ Final Diagnosis Selected in Medi-Net



**Important:** The Case Manager MUST report the final diagnosis to the Chief Medical Officer as soon as it is available. This is first priority. Please notify your Case Manager of the urgency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## CLINICAL INTERVENTION SPECIALISTS

☐ Double Checked Test Results and Final Diagnosis from Above

Treatment Plan:

Recommended Clinical Trial (if any):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: Ramon Medina

Report Form

Age: 28

Sex: Male | Female

Team: (Circle One)  
Alpha Charlie  
Bravo Delta

Patient Status:  
(check one before  
giving the chart  
to the Case Manager)

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

NOTE: Be sure to update the Patient Status Board on the computer after each change above.

DIAGNOSTICS SPECIALISTS

Key Symptoms (from Medical Chart and Medi-Net)

Persistent cough, fever at night with night sweats, difficulty breathing  
Chest pain with cough, coughs up blood.

Initial Diagnosis Tuberculosis

☒ Initial Diagnosis Selected in Medi-Net

Optional (Possible Alternative Diagnosis, With Explanation) \_\_\_\_\_

Tests Ordered: (List names below)	(Check when completed)
<u>Culture and Sensitivity: Sputum</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
<u>X-ray: Chest</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

Tests Ordered: (List names below)	(Check when completed)
	<input type="checkbox"/> Test Ordered in Medi-Net
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	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

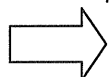
Signature So Flynn Date \_\_\_\_\_

MED-SURG SPECIALISTS

☐ Double Checked Key Symptoms and Initial Diagnosis from Above

Tests Ordered: (List names below)	Test Results: (circle one)	Observation/ Conclusion/ Explanation
	Normal/ Not Normal	
	Normal/ Not Normal	
	Normal/ Not Normal	
	Normal/ Not Normal	
	Normal/ Not Normal	

Final Diagnosis: \_\_\_\_\_ ☐ Final Diagnosis Selected in Medi-Net



Important: The Case Manager MUST report the final diagnosis to the Chief Medical Officer as soon as it is available. This is first priority. Please notify your Case Manager of the urgency.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CLINICAL INTERVENTION SPECIALISTS

☐ Double Checked Test Results and Final Diagnosis from Above

Treatment Plan:

Recommended Clinical Trial (if any):

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Report Form

Name: Pedro LugoAge: 2Sex: Male | Female

Team: (Circle One)

Alpha

Charlie

Bravo

Delta

Patient Status:  
(check one before  
giving the chart  
to the Case Manager)

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

NOTE: Be sure to update the Patient Status Board on the computer after each change above.

## DIAGNOSTICS SPECIALISTS

Key Symptoms (from Medical Chart and Medi-Net)

Cries constantly, appears to be in pain, tugs at right earInitial Diagnosis Ear Infection☒ Initial Diagnosis Selected in Medi-Net

Optional (Possible Alternative Diagnosis, With Explanation) \_\_\_\_\_

Tests Ordered: (List names below)	(Check when completed)
<u>Culture and Sensitivity: Discharge</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
<u>Hearing test</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
<u>X-Ray: Mastoid</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

Tests Ordered: (List names below)	(Check when completed)
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

Signature [Signature] Date \_\_\_\_\_

## MED-SURG SPECIALISTS

☒ Double Checked Key Symptoms and Initial Diagnosis from Above

Tests Ordered: (List names below)	Test Results: (circle one)	Observation/ Conclusion/ Explanation
<u>Culture and Sensitivity</u>	Normal/ <u>Not Normal</u>	<u>bacteria is resistant to broad spectrum antibiotics</u>
<u>Hearing loss</u>	Normal/ <u>Not Normal</u>	<u>mild hearing loss has resulted from repeated infections</u>
<u>X-ray - mastoid</u>	Normal/ <u>Not Normal</u>	<u>fluid present beyond the middle ear</u>

Final Diagnosis: Ear Infection☒ Final Diagnosis Selected in Medi-Net

➡ Important: The Case Manager MUST report the final diagnosis to the Chief Medical Officer as soon as it is available. This is first priority. Please notify your Case Manager of the urgency.

Signature [Signature] Date \_\_\_\_\_

## CLINICAL INTERVENTION SPECIALISTS

☐ Double Checked Test Results and Final Diagnosis from Above

Treatment Plan:

Recommended Clinical Trial (if any):

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: Neron Torres

## Report Form

Age: 5Sex: Male Female

Team: (Circle One)

Alpha

Charlie

Bravo

Delta

Patient Status:  
(check one before  
giving the chart  
to the Case Manager)

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

NOTE: Be sure to update the Patient Status Board on the computer after each change above.

## DIAGNOSTICS SPECIALISTS

Key Symptoms (from Medical Chart and Medi-Net)

Fever, Shaking with chills, sweating, crying constantly, vomiting,  
appears to be in pain

Initial Diagnosis Infection☒ Initial Diagnosis Selected in Medi-Net

Optional (Possible Alternative Diagnosis, With Explanation)

Tests Ordered: (List names below)	(Check when completed)
<u>CBC (complete blood Count)</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
<u>Chemistry Panel (chem 20)</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
<u>Urinalysis</u>	<input checked="" type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

Tests Ordered: (List names below)	(Check when completed)
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net
	<input type="checkbox"/> Test Ordered in Medi-Net

Signature [Signature] Date \_\_\_\_\_

## MED-SURG SPECIALISTS

☒ Double Checked Key Symptoms and Initial Diagnosis from Above

Tests Ordered: (List names below)	Test Results: (circle one)	Observation/ Conclusion/ Explanation
<u>CBC</u>	Normal/ <u>Not Normal</u>	<u>normal values, differential (blood smear)</u>
	Normal/ Not Normal	<u>shows presence of P.falciparum</u>
<u>Chemistry panel</u>	<u>Normal</u> / Not Normal	
<u>urinalysis</u>	<u>Normal</u> / Not Normal	
	Normal/ Not Normal	

Final Diagnosis: Malaria☒ Final Diagnosis Selected in Medi-Net

➡ **Important:** The Case Manager MUST report the final diagnosis to the Chief Medical Officer as soon as it is available. This is first priority. Please notify your Case Manager of the urgency.

Signature [Signature] Date \_\_\_\_\_

## CLINICAL INTERVENTION SPECIALISTS

☐ Double Checked Test Results and Final Diagnosis from Above

Treatment Plan:

Recommended Clinical Trial (if any):

Signature \_\_\_\_\_ Date \_\_\_\_\_