# Patient Assessment

| Patient Information | |
|---|---|
| **Name:** Alyssa Rosales | |
| **Date of birth:** 19 April 1991 | **Gender:** F |
| **Occupation:** Restaurant staff | **Mobile number:** 0412-768-789 |
| **Height:** 5'7 **Weight:** 130lbs | **Race/Ethnicity:** Latina |
| **Reason for visit:** Irritated skin and extreme rashes for no reasons | |

**Social Habits**

**Alcohol:** (•) No ( ) Yes (frequency):

**Cocaine:** (•) No ( ) Yes | **Narcotics/Drug use:** (•) No ( ) Yes

**Smokes Tobacco:** ( ) No (•) Yes If yes, # of years: 10 # of packs a day: 1 When stopped: 2020

**Cultural/religious beliefs that may affect care** (•) No ( ) Yes (please specify)

**Do you prefer to learn by:**

[ ] Seeing (TV, Video, Written) [ ] Hearing (Audio) [✔] Doing (Hands On)

**Do you have any barriers to learning (please check):**

[ ] Physical [ ] Emotional [ ] Vision [ ] Financial [ ] Hearing [ ] Cognitive

**Hospitalization/Surgery/Major Illness**

| Problem | Year | Where treated | Days in hospital |
|---|---|---|---|
| Minor eye surgery | 2010 | St Vicent's | Outpatient |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Gynecologic/Obstetric History**

**Any Pregnancies?** ( ) No (•) Yes (how many) 2

**How many children have you given birth to?** 2

**How many abortions/miscarriages?** None

**Going through menopause?** (•) No ( ) Yes

**Date of last period:** 28 February 2023

**Monthly breast exams?** (•) No ( ) Yes

**Lumps on breasts?** (•) No ( ) Yes

**Date of last mammogram:** October 2022

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**Medications** (Please list all medications you are currently taking, including vitamins and supplements)

1. Birth controls
2. Fish oil capsules
3. Multivitamins
4.
5.

**Any previous bleeding problems?** ○ **No** ◉ **Yes**

**Have you used herbal medications?** ◉ **No** ○ **Yes**

**Any allergy to medication?** ◉ **No** ○ **Yes** (type of reaction)

**Any food allergies?** ○ **No** ◉ **Yes** (please specify) Peanut butter

**Nutritional Data**

**Are you following a special diet?** ◉ **No** ○ **Yes** (please specify)

**Unintentional Weight** ◉ Over/Under 5 lbs in 1 month ○ Over/Under 10 lbs in 3-6 months

**Appetite** ○ Good (eat 3+ meals/day) ◉ Fair (1-2 meals/day) ○ Poor (less than 1 meal/day)

**Personal/Family History**

| IF YES | Patient/How often | Family/How often |
|---|---|---|
| Allergies | Peanut butter/occasional | |
| Amputation | | |
| Anesthesia Problems | | |
| Angina | | |
| Anxiety or Depression | | |
| Asthma | | |
| Bleeding/Bruising Problems | | |
| Bowel Problems | | |
| Cancer | | |
| Chest Pain/Heart Disease | | |
| Diabetes Mellitis | | |
| Dizziness | | |
| Ear Problems | | |
| Eye Problems | | |
| Headaches | Migraine/ Every week | |
| Heartburn | | |
| Hepatitis | | |

# Patient Assessment

| Personal/Family History | | |
|---|---|---|
| **IF YES** | **Patient/How often** | **Family/How often** |
| High Blood Pressure | | |
| Hyperthermia/Hyperpyrexia (malignant) | | |
| Kidney Disease | | |
| Known Genetic Disorder | | |
| Mental Retardation/Illness | | |
| Moles that are changing | | |
| Nasal Problems | | |
| Pain in Joints/Limbs | | |
| Persistent Cough/Wheezing | | |
| Prostate Enlargement | | |
| Rashes, Sores, Itching | | |
| Ringing in Ears | | |
| Seizure Disorder | | |
| Shortness of Breath | | |
| Skin Problems | Acne/ Since teenage years | |
| Stroke | | |
| Thyroid Problems | | |
| Trouble Sleeping | | |
| Tuberculosis/Lung Disease | | |
| Stomach/Leg Ulcers | | |
| Urination Problems | | |
| Weakness/Numbness | | |
| OTHER: | | |

**ADDITIONAL NOTES:**

Refer to dermatologist for tests and treatment recommendations

| **Completed by:** Rachel Schneider | **Date:** 5 March 2023 |
|---|---|