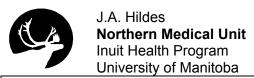


ON CALL PATIENT RECORD

Physici	ian:	•				Patient's	Name:			□ M
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ON CALL PATIENT RECORD

Physician:			Patient's N	ame:		□ M □ F		
Nurse:								
Hardin Oraclas			DOB: Y	M	D			
Health Centre:			Nunavut Health #					
Date:	Time:	Length of Call						
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HISTORY _ Hx of Prese	nt Illness _	Past Medical History	/ _Soci	al History	Medications:			
					Allergies:			
					Immunizations	:		
					To date for age	e? Y_ N_		
REPORTED FINDINGS:	_ Physical Exa	ım _ Lab _	Xray		Temp:	R.R.		
					B.P.	H.R.		
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ASSESSMENT & PLAN:								
				Signature				