

Lab	Paid	
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540 West Avenue, Arlington, WA 98223 Phone: (360) 435-8262 Fax (360) 474-1394

Patient Info	imation .		CALL TO SEE MINE CONTROL OF CONTR	A second
Last Name:	First Name:			Birth Date:
Address:	City:	State:	Zip:	Gender: (circle one)
Cell Phone:		Regular Docto	ors Name:	M F What City?
Evening Phone:				
Medical Info	rmation - Patient or p	parent to complete	this info	mation.
Reason for Today's \	Visit:			
FOLK .				
Allergies to Medication	ons:			
Your Current Medicat	tions:			
I hereby consent to treatment b	blems such as Diabetes, Hypertension, by the attending provider for medical and sur	rgical procedures tests and l	ocal anarthetics	o domed
I hereby consent to treatment be the provider. I acknowledge the Walk-In Clinic is independent understand that I am financially understand that none of these clinical independent that the standard that the stan	by the attending provider for medical and sun at I understand that the 10 Minute Walk-In the owned and operated. Arlington Pharmacy responsible for any and all of the costs of the charges are covered by Medicare. Welfare, I	rgical procedures, tests, and less of Clinic is a separate business by has no control over the pramy health care. I further und	ocal anesthetics as than the Arlingstice of the 10 Merstand and agree	as deemed necessary by myself are son Pharmacy. The 10 Minute inute Walk-In Clinic. I fully to pay for services and tests. I
I hereby consent to treatment be the provider. I acknowledge th Walk-In Clinic is independent understand that I am financially understand that none of these claded to not participate with any insuffice 10 Minute Walk-In Clinic provides episodic health care. I	by the attending provider for medical and sur nat I understand that the 10 Minute Walk-In tly owned and operated. Arlington Pharmac y responsible for any and all of the costs of a	rgical procedures, tests, and less of Clinic is a separate business by has no control over the pramy health care. I further under the less of the company will reimburse you can readily be diagnosed and ons that do not resolve it is the	ocal anesthetics as than the Arlingictice of the 10 Merstand and agrees surance program ou for the expensive treated within a negotiant is reconstitution.	is deemed necessary by myself and non Pharmacy. The 10 Minute inute Walk-In Clinic. I fully to pay for services and tests. It is. Our prices are low because we see of this office visit.
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I hereby consent to treatment by the provider. I acknowledge the Walk-In Clinic is independent anderstand that I am financially understand that none of these clid not participate with any insuffice 10 Minute Walk-In Clinic provides episodic health care. It brimary care physician or a media hereby authorize the release of ecords to be transmitted by pholease state the relationship with nessages concerning my health have seen a copy of the Notice	by the attending provider for medical and suntat I understand that the 10 Minute Walk-Intly owned and operated. Arlington Pharmacy responsible for any and all of the costs of the charges are covered by Medicare, Welfare, Lurance plans. It is unlikely that your insurance limits its practice to just one problem that For reoccuring problems or medical conditional specialist. It is not our intention to reput foday's visit and any tests to my Primary Cone, fax, mail or other means to my Primary the patient and the reason the patient is untinformation (such as lab results follow up to the property of the patient and the results follow up to the patient of the patient and the results follow up to the patient of the patient and the results follow up to the patient of the patient and the results follow up to the patient of the patient and the patient and the patient of the patient and the patient of th	rgical procedures, tests, and least procedures are businesses by has no control over the praymy health care. I further under the company will reimburse you can readily be diagnosed and ons that do not resolve, it is the blace the comprehensive care. Care Provider whom I have in a Care Provider. If someone contable to sign. I authorize the care, etc.) at my home or cell alk-In Clinic. I may have a find.	ocal anesthetics as than the Arlings tice of the 10 M erstand and agree surance program ou for the expensive treated within a ne patient is responsively of your primary of dicated on this restlet than the patient is the Minute Walk phone. By my size ecopy of this p	as deemed necessary by myself a con Pharmacy. The 10 Minute inute Walk-In Clinic. I fully to pay for services and tests. I s. Our prices are low because we see of this office visit. 10 minute time frame. The clinionsibility to seek the advise of a care provider. The clinic to leave voice mail
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PLEASE COMPLETE THIS SIDE ONLY
THEN TAKE TO THE PHARMACY CASHIER

10 Minute Walk-In Clinic 540 West Ave, Arlington, WA 98223 Phone 360 435-8262

Date:	Name:				Time:	Birth date:	M F
Date	Namo	(L	ast)	(First)			
SUBJECTIVI	E: Chief Complain	nt:			= = =	How Long?	
Circled = Pos Crossed o			us Pressure	Current Me	ds:		
Chills Fever		Rh	inorrhea: Cl G	ir Yel			
Chest Congestion	on	Na	sal Congestion				
	egm: Cl Gr Yel	Ea	rs: Pain Pressu	ure Lt Rt			
Wheezing Che		De	creased Appetit	te OK			
Fatigue Body A			usea Vomiting				
Sore Throat	101100		dominal Pain				
	ted FB Itch Burn (goof					
Headache	.00 12 11011 20111	U1	Π				
	Back Side Lt	-	equency Dysu	ria, Hesitancy			
Pulsate Stab			gency, Flank Pa				
Photophobia F			egnant: Yes				
	Bronchitis Cystit		ИP:				
				s/day Allergies:			
Diabetes	Pneumonia Asthr	na Olvi Si	nokes pk	Siday Milorgico.			
OBJECTIVE	: General:	Annears in	no acute distres	SS			
OBJECTIVE	Skin:	Good color	no rashes				
Weight I	bs Ears:	TMs grev.	ight reflex prese	ent			
Resp /m		Sclera 0 ini	ected, lids θ ed	ema, θ matting			
Pulse /m		No dischar	ge, no injection,	, no congestion			
	Sinuses:	Non tender	on palpation of	f frontal and maxillar	у		
	Pharynx:	No injection	n, θ cobble ston	ning, θ drainage			
BP /	Toneile:	No swelling	g, no drainage				
Pulse Oxi	% Neck:	Supple and	d without nodes				
Strep ID: Neg	Pos Lungs:	Clear, no ra	ales, no wheezi	ing, no rhonchi		V	
and 2011 1992	Heart:	Reg rhythn					
UA: Neg W	BC	No murmu					
	CVA:	Non tende	r on palpation.				
	Abd:	Soft and n	on tender, no re	ebound	Ctronath ok		
	Neuro:	_ Alert & Ori	entated x 3, Spe	eech clear, Gait ok,	intact		
		Cerebella	intact, PERLA,	sharp/dull sensation t, DTRs equal, Neg	Phombera		
		_ Craniai Ne	rves II-AII IIIIac	it, DTNs equal, Neg	ranomberg		
ASSESSME	ENT:						
PLAN:			Rx:				
STOP SM							
Use vapo	orizer, humidifier o	r steam					
Repeat \$	10 Strep ID within	3 days prn					
lbuprofer	and Tylenol alter	nate q3h pri	n				
Warm ga	rgles Simpl	e Saline Na	sal Spray				
OTC Dec	congestants - Muc	inex - Antih	istamines				
Follow-u	p with PCP prn or	days					
Recheck	(in days) or	if symptoms	s persist or incre	ease			Practitioner's Signatur
ONovember 26	, 2016 Ronald Young, ARNP	Phone (425) 343-	6122				Tractitioner 3 Orginatur