HNRS HEALTH SERVICES DATA BASE
Health Clinic - Client Data
Provider: _____

Date	School	Last Name	First Name	DOB	Other Pract.	*Referral	*Visit Class	*Diagnosis	Comments

***Outside Referral:** **PCP**: Primary Care Practitioner; **D**: Dentist; **MS**: Medical Specialist; **AR**: Abuse Report; **MH**: Mental Health; **A&D**: Alcohol and Drug; **SS**: Social Services; **O**: Other

***Visit Classification:** **I**mmunization; **L**ab **W**ork; **H**ealth **C**ounseling; Exam or Assessment; **T**reatment; **P**rescription

***Diagnosis:** **CV C**ardiovascular; **EENT**; **E**ndocrine; **GI G**astrointestinal; **GU G**enitourinary; **I**njury; **I**njury from **V**iolence, **MS M**usculoskeletal; **N**eurological; **P**oisoning; **Psych**osocial; **Repro**ductive **H**ealth; **Resp**iratory; **S**kin