CONTINUE ON BACK WHEN NECESSARY

Depa	rtment of Veterans	Affairs		MED	ICAL CERT	IFICATE				
1. DATE	2. TIME AM 3. AGE	4. SEX	5.ON ARRIVAL PATIENT WAS: 6. PHONE NUMBER 7. HOMELESS							
	PM	M F	AMBULATOR					YES NO		
8A. ALLERGIES		8B. WEIGHT	8C. TEMPERATU	RE 8D. PULSE	8E. RESPIRATION	8F.B/P	8G. DUE TO IN			
4 CHIDDENI	T MEDICATIONS						NO	YES		
3. CONNEN	MEDICATIONS									
40 TDIAOE										
10. TRIAGE										
					11. SIGNAT	URE				
12 LISTORY	Y AND PHYSICAL									
12. HISTOR	I AND PHISICAL									
40 514 614 6	0710 1117777010110									
	STIC IMPRESSIONS									
14. PLAN										
15A. ATTENDIN	G OF RECORD			15B. EXAMINER'S	SIGNATURE					
ISA. ATTENDIN	G OF RECORD			13B. EXAMINER 3	SIGNATURE					
			SECTION I	I - FOR PATIEN	IT					
1. DISPOSITION	I/CLINIC APPOINTMENT	2. AFTER CAR	E SHEET GIVEN		CTIVITY - LIMITATIONS	<u> </u>				
		YES	NO							
4. CONDITION			5. DATE/TIME C	OF DISCHARGE	6. SIGNATURE TO	INDICATE INSTR	UCTIONS GIVE	N		
IMPROVED	SATISFACTORY	UNCHANGED								
	IMPRINT PATIENT DATA CAR	D	7. PATIENT INS	TRUCTIONS						
			I CERTIEV T	HAT I RECEIVI	ED AND 9 D	ATIENT'S SIGNA	TIDE			
VA FORM 10	10M			ND THESE INS		THENT O SIGNA	OIL			
DEC 2016 10-	-10M		3.1.2 21.3 17.							

		\/ITAI	CIONE									
TIME	TEMP	VITAL PULSE	RESP	B/P	TIME		ORDERS	s	MD SIGNATURE	TIME	NURSE SIGNATURE	EFFECTIVENESS
	12.00	1 0202	TALOI	B/I								
CONTIN	UATION	FROM FI	RONT/PF	ROGRES	S NOTE			•				
STUDIES REQUESTED			RESULTS									

SECTION II - FOR PATIENT								
SHEET GIVEN	3. FOLLOW UP-ACTI	VITY-LIMITATIONS						
NO								
5. DATE/TIME O	OF DISCHARGE 6. SIGNATURE TO INDICATE INSTRUCTIONS GIV							
)								
7. PATIENT INSTRUCTIONS								
1								
	SHEET GIVEN NO 5. DATE/TIME O 7. PATIENT INS	E SHEET GIVEN 3. FOLLOW UP-ACTI NO 5. DATE/TIME OF DISCHARGE						

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