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Oct 01, 2016 · Maricopa HMIS I-HELP Intake Form Rev. 10/1/2016 Page 1 Of 5 1. Client Information Client Name ... Self Significant Other Sister Son Son-in-law Step-daughter Step-son Unknown ... VA Non-Service Disability Pension VA Service Connected Disability Comp Worker's Compensation If ... Jan 6th, 2024

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Client Has A Diagnosis Of Appendicitis And Is S/P Appendectomy; And To Prevent Further Infection In The Peritoneal Cavity. T Therapeutic Effect A Action C Contraindications (list Only If Contraindicated For This Client) T Toxic /Side Effects (Most Serious & Frequent) I Interventions (Include Nsg Intervention, Labs, Parameters For This Med) S Mar 12th, 2024

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Do You Have Allergies/sinus Conditions? Yes No If Yes, Explain: 13. Do You Wear Protheses? (eg. Glasses, Contacts, Glåss Eye, Artificial Joint/limb, Metal Plate, Pins Or Wires, Dentures, ... Necessary For The Provision Of Refle Mar 11th, 2024

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