Admission to the Department of Orthopaedics.：

China-Cambodia First Hospital

Admission to the Department of Orthopaedics.：

Name: Section: Bed Number: Hospital Number: Ward Area:

Name: Occupation:

Gender: Work unit:

Age: Address:

Marriage: history: reliability:

Place of birth: time of admission: year Day month

Nationality: Recording time: year Day month

Illness History.

Main complaint:

Current medical history:

Past History:General Health:Good General Poor disease history: None Yes Other

History of infectious diseases: No Yes Other

Vaccination history: None Yes Not available Vaccination drugs

Operation history:none Yes History of Trauma: None Yes

Transfusion history:none Yes Time of transfusion:Blood transfusion reaction:noneYes

History of drug allergy:none Yes Not availableName of Allergic Drug

Personal history: frequent residence

History of water exposure to parasites:

History of Smoking: None Yes Average /Day Time /Year

Quitting: No Yes Time

History of Drinking：None Yes Averageg /Day Time /Year

Quitting: No Yes Time

History of drug exposure: No Yes Name of drugTime

Other

Birth history: age of marriage Year

Spouse health status:

Other:

History of menstruation:

Family history: Father: Living Name of illness Late Cause of death

Mother: Living Name of disease Late Cause of death

Other

the above medical history records have been identified by the statement.

Signature of the presenter: Time:

BodyGEInspectionCheck

T ℃ P Time/min R Time/min BP mmHg.

Coordination check: cooperation no cooperation

General: Development Nutritionbody state

Facade Expressions Posture

gait Mental consciousness Walking

Spirit Skin Superficial lymph nodes

Head:Head Shape:

Features:

Neck: deformity Red swelling Fistula

Scar Ankylosis Compression

Trachea: middle Offset (to the left to the right).

Thyroid gland: normal Exception

Cervical activity:

|  |
| --- |
| Recovery()  Left (）Right (）  Extension() |

Other

Chest:Ministry: Deformity Symmetry Compression

Extrusion pain

Breathing: normal Unusual Urgent Difficulties Correct He gasped for breath.

Heart:

Lung:

Abdomen: Liver: Gallbladder: The spleen:

Other

Rectal anus: not examined Normal Exception

External genitalia: not examined Normal Exception

Ridge Column: Normal: Malformations:

Swelling： Ramp：

Tenderness (none Yes vertebral bodies) Activity:

|  |
| --- |
| Recovery()  Left (）Right (）  Extension（） |

Subvertebral tenderness:No Yes(left right) With Radiation Pain: None Yes(left Right)

Straight leg elevation test: left Right Enhanced test left Right

Other

Pelvic sacral tail:normal inclination Extrusion test Separation test

Lump：None Yes Location Other

Upper limb: normal swelling ecchymosismalformat ion Muscular atrophy Bone Exposure

Tenderness: left right No Abnormal movement.

Fracture: Forearm function:After rotation: Back rotation:

Shoulder joint range of motion.:Left: Outreaching: Income:

Forward flexion: Extension:

Internal rotation: External rotation: Up:

Right: Outreaching: Income: Forward flexion:

Extension: Internal rotation:

External rotation: Up:

Elbow joint range of motion: Left: Stretch: Qu:

Right: Extension: Qu:

Wrist range of motion.：Left: Backward: Flexion:

Deviation Ruler deviation:

RightSide:Back extension: Flexion: Deviation:

Ruler deviation:

Upper arm and forearm muscle strength:

Muscle tension: Left: On the right:

Lower limbs: normal Swell ecchymosismalformation Sinus

Fracture, dislocation: Left Right Open Closure Location

Tenderness: left Right range

Hip joint: left: deformity: adduction Outreach Flexion Bounce Other

Activity: Forward flexion: Extension: Income: Outreach: Internal rotation:

External rotation: Rolling test:"4" test: Thomas sign:

Other:

Right:Deformation:Internal and external flexural buckling the other

Activity: Forward flexion Extension: Income: Outreach: Internal rotation:

External rotation: Rolling test:"4" test: Thomas sign:

Other:

Knee joint: left side: malformations: inversion

Outturn Flexion Over-extension

STRENGTH, STRENGTH: swelling： Sinus： Tenderness:

Activity:Extended: Qu:

Drawer test: McGrady test: Rotary extrusion test: Floating patella test:

Other:

Left: deformity: varus. Outturn Flexion Over-extension

STRENGTH, STRENGTH: swelling： Sinus： Tenderness:

Activity:Extended: Qu:

Drawer test:McGrady test:Rotary extrusion test:Floating patella test:

Other:

Ankle: Left: Malformed: Horseshoe Turn overRigid:

Scope of activities: extension: Subtarsal flexure:

Other:

Right: Malformed: Horseshoe Turn overRigid:

Scope of activities: extension: Subtarsal flexure:

Other:

Limb length: leftcmRightcmWeek: LeftcmRightcm

Muscle tension: normalIncreaseReduced

Muscle strength: Left lower extremity: Thigh.Level 1LegsLevel 1Thumb extensionLevel 1Thumb metatarsal flexionLevel 1

Right lower limb:ThighLevel 1LegsLevel 1Thumb extensionLevel 1Thumb metatarsal flexionLevel 1

walk：Scissor gait gaitCrossing Gait Other

Nervous system:Shallow reflection: abdominal wall

reflection: left Right The epididymal reflexAnus reflex

Deep reflex: biceps brachii reflex: left Right Radial reflex: Left Right

Triceps reflex：Left Right Knee tendon reflex：Left Right

Achilles tendon reflex：Left Right

Pathological reflexes:

Hoffmann：Left Right

Rossolimo：Left Right

Babinski：Left Right

Oppenheim：Left Right

GordonLevies：Left Right

Special Science State of affairs

Supplementary Medical assistance Cha.

Outpatient and out - of - hospital key auxiliary examination results (including examination items, medical institution name, date, results).

Initial diagnosis:

Signature of physician:

Year Month Day Time Points

Admission diagnosis:

Signature of physician:

Year Day of the month Time.