Diseases – Patients Database

SOFTWARE REQUIREMENTS SPECIFICATION

Team Name	**CHOCNATS**
Section	S19B
Team Members	Acorda, Victoria Aquino, Kurt Caingles, John Israel Choa, Shaila Dionio, William Enomoto, Yuki Estioko, Jerrick Matias, Gelo Mendaros, Naomi Susada, Jan

Date Submitted

Table of Contents

1 Executive Summary

Describe your client's company or organization, its domain, the type of business it is in and about the specific division/department that you are delivering solutions to. Cite your sources (online web pages, journals, news articles) to avoid being charged with plagiarism.

Jovy Abong is a doctor that specializes in Internal Medicine and has a subspecialty with Allergology and Immunology. Ms. Abong is presently connected with four hospitals in the Philippines, namely Manila Doctors Hospital, Philippine General Hospital, Asian Hospital in

Alabang and De La Salle University in Dasmarinas Cavite, where she practices her subspecialty. At the same time, she's also a professor in the College of Medicine of University of the Philippines - Manila and De La Salle University - Manila.

2 Overview of the Business Process

This chapter presents the company's business process and goals as an organization/department. Included in this chapter are the following items:[EO1]

- *Description of the company's existing process and business requirements*
- *Data requirements as part of the business process, including data that are captured, stored and generated (report formats should be placed in the Appendix)*
- *Existing software or tools used as part of the business process, if any*
- *Different roles in the business process*

Notes:

- *· You can use subsections, e.g., 2.1 Existing Business Process; 2.2 Data Requirements; 2.3 Roles in the Business Process.*
- *· Sample forms and reports should be included in the Appendix, for example, you can write your business process as follows:*
- *Weekly sales reports are prepared by each Account Executive and submitted to his/her immediate superior for review. A sample report is shown in Appendix C-2.*

2.1 Existing Business Process

On an ordinary day, the patient visits the clinic for a check-up. If the patient has an existing medical record *Allergy and ADR form* (see Appendix C-1), the secretary will then retrieve the record. On the other hand, if the patient doesn't have any record at all the secretary will ask for a blank form from the doctor. The secretary then interviews the patient and fills up the form with the general data (personal information) of the patient. The form will then be forwarded to the doctor to be reviewed, and the patient will be asked to wait patiently before being called by the doctor.

//only the secretary? What happens if the secretary is not present? Who gets the forms?

Once received by the **attending physician**, the patient is interviewed regarding his or her complaint. The patient then undergoes a series of questions and physical exam regarding any symptoms or complications that can be referenced with the patient's chief complaint. After the exam, the **doctor** writes down any of his findings and starts to diagnose the patient if the patient needs to undergo any

lab test or if surgery or treatment is necessary. The doctor then issues the prescribe medication or treatment necessary to address the complaint. Afterwards, the medical record is updated and given back to the secretary.

//Is the attending physician and doctor two separate entities? If not, then please only use one term

The business process can be visualized in the diagram shown in Figure 2-1.

Figure 2-1. Existing Business Process

2.2 Data Requirements

An Allergy and ADR Form (see Appendix C-1) that is collected by the attending physician contains the following personal information namely, patient's complete name, case number, age, sex, status, date that the data was taken, birthday, birthplace, address, contact number, source of referral, informant and reliability. //What do you mean by reliability?

It also contains the chief complaint, history of present illness, age of onset *(< 1mo / 1-6mo / 7-12mo / 1-5yrs / 5-10yrs / 10-20yrs / 20-30yrs / 30-40yrs / 40-50yrs / 50-60 yrs / >) 60 yrs* , duration of illness (: < 1mo / ____ mo / ____ yr; since ____), time of occurrence (no pattern / morning / afternoon / evening / dawn), and pattern of occurrence (perennial / episodic / seasonal (J F M A M J J A S O N D))

The symptomatology can also be chosen and are categorized by different parts of the body as well as the severity scale.

It also includes the precipitating factors (eg., house dust, perfume, stress). //Lists should be complete

There is also a drug chart that contains the name of the drug and several dates of intake of drug.

2.3 Roles in the Business Process

There are only three people that are involved in the business process of Ms. Jovy Abong. The roles of these people and their tasks are summarized in Table 2-1.

Role	*Description of Tasks*
Patient	• *Provides personal information and medical history*
Secretary	• *Makes the records of the patients* • *Fills up the personal information of patient in Allergy and ADR form*
Attending Physician	• *Assesses the patients' records and makes the diagnosis* • *Updates the records of the patients*

Table 2-1. Roles and Tasks of the People Involved

//Is the attending physician same as the doctor? Please be uniform.

3 Problem Analysis

This chapter presents the findings of the investigation on the organization's needs and problems to be addressed by the software. (Only problems to be ADDRESSED) This section will also provide the reader with a background of the organization which is the primary stakeholder of the system to be developed. The various users and stakeholders of the software are also presented here.

ID #	***Description (What's the prob)***	***Cause***	***Symptoms***	***Impact***
	Inefficient retrieval of data		The researchers have to check each	

//Incomplete problem analysis chart. Please fill in the cause and impact and finish writing the symptoms part

The section ends with the statement of the problem, need or opportunity where the software is the proposed solution (BUSINESS REQUIREMENT).

4 Software Solution

4.1 Objectives

The CheckUp aims to provide the <client> a computer-based record management system.

The specific objectives of the software are as follows:

- To provide a facility for managing the records of the patients
- To provide a facility for tracking past patients
- To generate reports for future research purposes

4.2 Characteristics

This section discusses the non-functional requirements that need to be addressed to achieve the business goals stated in Chapter 2.

//Please fill up this part

5 User Stories

This chapter presents the user stories included in the product backlog.

Notes:

- · *The scenario should provide the sequence of interaction between the user and the system based on valid inputs.*
- *There should be no mention of interface details (such as screen, buttons, clickable, presses) or platforms (web) anywhere in the user story (including pre- and post-conditions, scenario and acceptance criteria).*
- · *Pre-conditions must state the constraints (on user roles, data availability) that must hold true before the user story can be performed.*
- · *Post-conditions must state the outcome (on data, process, and user state) that will hold true when the user story has been performed.*

Users can login using username and password for accessing and identifying restrictions of the user	
Estimate (Days):	**Priority:**
Pre-condition: User has an account.	
Scenario: 1. The user enters his/her username and password. 2. The system verifies the username and password. 3. The system provides functionality and information depending on the type of user.	
Post-condition: Physicians can add information when the patient comes for follow up to monitor her progress and response to treatment, and review results of diagnostic exams. Researchers, who can also be a Physician, can access data and statistics, but not tamper data. A Secretary can add a new patient and edit a patient's personal information. The Administrator can add a new account for a Physician or a Researcher.	
Acceptance Criteria: 1. Test that the username and password entered by the user is valid. 2. Test that the system shows the correct information and features based on the type of user.	

A Physician can update a patient's medical record. //No purpose indicated
Estimate (Days): | **Priority:**
Pre-condition: Patient must have an existing record.
Scenario: 1. The Physician searches for the name of the patient. 2. The Physician selects the name of the patient among the search results. 3. The Physician updates information **as needed**. //What does "as needed" mean? It is vague, please be specific 4. After making necessary changes, the Physician saves the record. 5. The system will confirm if the changes are final. 6. The system saves the changes made.
Post-condition: The system is able to update the patient's record. // "is able to update"? Is there a possibility where it will not be updated?
Acceptance Criteria: 1. Test if there were changes made in the patient's record.
The Secretary can make a record for new patients. //No purpose indicated
Estimate (Days): | **Priority:**
Pre-condition: The patient does not have an existing record.
Scenario: 1. The Secretary enters personal information of the patient **as dictated**. //"as dictated" is vague, please be specific 2. The Secretary confirms the information with the patient. 3. The patient confirms if the information is correct. 4. The Secretary sends to the record the attending Physician.
Post-condition: The system saves the new record to the list of patients.
Acceptance Criteria: 1. Test if the record has been saved to the database.

The Administrator, who can be the head Physician, can make a new account for a Physician or a Researcher. **//The administrator's role is not clear in the transcript** **//What is the researcher's interaction with the system? No user story** **//No purpose indicated**	
Estimate (Days):	**Priority:**
Pre-condition: The Physician or Researcher does not have an existing account.	
Scenario: 1. The Administrator uses the name of user as the username of the account. 2. The Administrator sets a distinct password. 3. The Administrator identifies whether the user is a Physician or a Researcher. 4. The restrictions of the Researchers.	
Post-condition:	
Acceptance Criteria: 1. Test if the username and password are valid.	
A Physician can fill in a patient's medical form. **//No purpose indicated**	
Estimate (Days):	**Priority:**
Pre-condition: The patient has an existing record.	
Scenario: 1. The Physician inputs the chief complaint, medical history, diagnosis, tests and results, and treatment on the patient's record.	
Post-condition:	
Acceptance Criteria:	
Estimate (Days):	**Priority:**
Pre-condition:	

Scenario:
Post-condition:
Acceptance Criteria:

//How does the researcher interact with the system?

Appendix A – Improved Business Process

This chapter presents the improved business process when the proposed software solution is implemented. This visualizes how the software solution benefits or affects the current business process.

Appendix B – Interview Transcript

First Round of Interview - January 26, 2015

//Please clarify the questions marks: (????), (Something???)

Jerrick: Good afternoon! I'm Jerrick.

John: I'm John.

William: I'm William.

John: We're from De La Salle University. We're here to inquire about the software. So uh first of, can you tell us about yourself and what what do you do?

Ms. Jovy: I'm Jovy Abong. I'm a doctor. I specialize in internal medicine and my sub specialty is allergy and immunology. Presently I am connected with four hospitals where I practice my sub specialty at the Manila Doctors Hospital, Philippine General hospital Asian Hospital in Alabang and De La Salle University in Dasmarinas Cavite. At the same time, I'm also a professor in the college of Medicine of College of Medicine of UP and La Salle.

John: At those places that you worked on, what are usually the problems that your patients have or at least kung ano yung uhm what are the information that they want to have from the doctor?

Ms. Jovy: From the doctor? Usually my patients are allergic patients so they present if they have respiratory allergies, they may present with itchy nose, recurrent sneezing, runny nose, nasal stuffing. If they have asthma they may present with difficulty in breathing. If they have skin allergies then they may present with rashes and itch. For immunology, I usually have those patients with recurrent pregnancy loss(????)

John: So right now, what is the current software or are you using a software right now?

Ms. Jovy: No. So what you want is to develop a software right? Okay uhm, our.. I'm also the director of research in La Salle and under the internal medicine, there's what we call gastroenterology specialty and what we really want to do is to create a database of all cancer in the gastrointestinal tract. So let's say if the patient comes in with a bloody stool it's a problem eh, it's bloody stool (something????) He's a doctor, he's from UP.

Ms. Jovy: Uhm they want to create a database

Another Doctor: (something????) We hired (something????) students to make database (something????) so they started (something????) They worked for us two months ago, November pa. They started making the database.

John: Basically we're gonna do the same thing.

Another Doctor: We hired somebody pa eh in the section but this we one we can… (something????)

Ms. Jovy: So for example soft stools, ah I mean bloody stools. Some bloody stools can be infectious in nature right so you have a set of questions there and if they ended, they'd undergo some, some would be infectious some would be almoranas diba. Some would become a cancer. So usually the procedure is the laboratory exams, colonoscopy, you know all those diagnostic tests and from there, it's either an atomic, infectious, cancer, etc. So something like that. That's what we want.

John: Uhm so basically what you need is for the database so that you could know what kind of disease that the patient has uhm

Ms. Jovy: And at the same time, it's going to be a registry of diseases

John: Yeah you can put and edit the data

Ms. Jovy: So at the end, we would have profile of let's say for, no I'm just giving an example, so for example.. Can I just show you something?

John: Oh yeah, that would be better po actually. Thank you.

Ms. Jovy: Here na lang, I'm making it for kasi for my lecture tomorrow. Because what we want is after we diagnose a certain group of patients, we want to know the equivalence or the percentage of let's say bloody stools of a cancer of patients who presented bloody stools. We also want to know their age range, their etc.

John: Okay so parang like the statistics

Ms. Jovy: Statistics, precise

John: Statistics of the patients

Ms. Jovy: And we could do that very easily if you do it, if you make it as a program . I'll show you later our because we have an algorithm in the diagnosis of rashes because you know when

you have rashes, it can be caused by different things, multitude of things. We could make it simpler if we have this database so we could know this.

John: So basically what we can put sa database are the basic na data that we need to store is yung symptoms, uhm yung cause nito. We can, in the database, we can place the disease, or allergy.

Ms. Jovy: Or you can present the symptoms first, okay and from those symptoms, medical history. You know what a medical history is? When did it start? How long? Is it very itchy? Something like that. And then after the medical history, physical examination and then diagnostic tests and then probably you can branch it. So I'll show you a.. So this is usually what do we do. So this are your symptoms and this is just a very short history so that if it's positive, it's probably this. If this one, if the test is positive, then it's probably this. But of course, this is a very simple one. There should be a lot of diagnostic tests. And there should be a lot of questions here also

John: So the software that you need is yung something that would base sa input which is yung symptoms? And then from that, it'll ask another question and then in the end it will derive what kind of disease it has, the person has.

Ms. Jovy: Parang ano lang yun, tick lang. Kasi the patient will have to do this diba to answer parang yes or no, something like that. Maybe not really this, maybe it's another type of disease that we want. It's still something like this.

John: Uhm so that you could know the disease, yung final disease, what are the data that you need to know first? Besides yung symptoms, medical history?

Ms. Jovy: The lab exam

John: What do you usually look in the medical history so that you can further understand what kind of disease?

Ms. Jovy: Usually, uh I'll show you something. Actually we already have a journal where we can copy. I don't know if it's here. It depends upon the disease but usually of course the first thing would be the age of the patient, sex, the occupation, educational attainment, the socio economic status. Those are the usual ones

John: Because it would also depend on the age noh?

Ms. Jovy: Yes, their capacity to.. here. This database for prostate cancer. That's already an article. This is the database that we use for prostate cancer. This is the prostate cancer research database with clinical warehouse technology for linkage with medical records, something like that. If you want to read that, you can read that. I wouldn't understand so much kung ano yung database that you could use, I don't know.

John: Uhm how about in the lab exam po, what are the data na kinukuha nyo po from it?

Ms. Jovy: Depending upon for example, mga chronic (something). Lab exams would be your blood testing, CBC, urinalysis, measures to detect inflammation. So from there, you have a basic one and to have more test, depending upon the basic test (something).

John: Right now, where or how do you store your data about the patients?

Ms. Jovy: Paper, diba we have papers, sulat mo dun. I don't have a database

John: Okay, so based from what we asked and what you've told us also, the software that we can create are based on the symptoms, based on the data that will be input by the user, the program will ask a series of questions. It will also need lab exam results, the medical history and from those, it'll be able to derive the sickness that the patient can possible have.

Ms. Jovy: From the history, from the symptoms, and the physical examination and what is present. We can have a question for example, "Is (something) likely or unlikely?" That would be yes or no, depending upon the criteria. From there you can, for example, "Is (something) likely? Yes or no. What type of (something) is it? Is it acute or spontaneous or chronic? And then from there, if it is chronic, do we need lab test, something like that. And then the results of the lab exams.

John: Basically it's a software that asks the patient yes or no questions and his or her answer would cross reference the existing database that we'll be collecting.

Ms. Jovy: And from there, we'll know the exact disease or what does the patient have or any ailment. And then from there, do you think we can for example, we have a data registry of let's say patients with chronic (something) versus acute, something like that. From there, can we get the let's say, the characteristics with chronic (something) in terms of age, in terms of the underlying cause, in terms of the laboratory profile, something like that. Can we get it from there? I mean in that database? Is that possible?

John: Actually, we can pero uhm we'll follow you up with that one nalang.

Ms. Jovy: Okay, siguro depende sa objectives. I mean the goal of database, what we want because it seems like a.. When do you need this?

John: End of term.

Ms. Jovy: So uh when is the end of term?

Jerrick: I think mga two months.

Ms. Jovy: Okay siguro, at the end of the week, or early next week, I can give you a brief parang research protocol. You know what I mean, the object, the research question, short objectives so that you will know how to go about it.

John: When you say research questions po, uh example po.

Ms. Jovy: For example uh, let's say a research question is like a general objective. So example my general objective is at the end of the uh yung database, among patients with uh I want to describe the profile of patients with chronic (something) using this database, something like that. That's a very simple one. Or I want to determine the diagnostic approach using patients with (something) using this database. I'll give it to you at the end of this week so that you'll have an idea what the database is going to be used for. Kasi di nyo din alam pano, ano yung ilalagay dun kung di nyo alam san naming sya gagamitin tsaka exactly anong sakit, marami yun. Di pwedeng isang database.

John: Kaya naman pong isa pero malaki. We'll follow up you nalang up kung anong features yung kaya naming magawa.

Jerrick: Thank you for your time.

Ms. Jovy: Oo, I hope I was helpful.

Second Round of Interview - February 14, 2015

Naomi: Hello. Good evening Ms Jovy Abong

Ms. Jovy: Who is this

Naomi: Hello Ms Jovy. I'm Naomi Mendaros, project manager of Team Chocnats. I'm William's classmate.

Naomi: We're here for an online interview po. Can we take 30 minutes of your time?

Ms. Jovy: are you his group mate?

Shaila: Ms. Jovy Abong. We're the groupmates of William Dionio for a project.

Naomi: Yes po.

Ms. Jovy: What can I do to help you?

Naomi: I and Shaila Choa would like to ask some follow up questions po regarding the software that will be used for the patients' records.

Ms. Jovy: Go ahead

Naomi: Who does the records of the patients po? Is there a secretary or the doctor does it as well?

Ms. Jovy: The doctor writes it down as he interviews and examine the patient

Naomi: Does this include personal information like name age educational background etc?

Ms. Jovy: Yes that's is the first thing we do . It is called general data

Shaila: Will the doctor be the only user of the software?

Ms. Jovy: It include name age sex nationality address religion occupation and number of times patient has been admitted

Naomi: Is it just the doctor who manages/views the records of the patients?

Ms. Jovy: The physician in charge is the user of the software. If this is going to be used for research purposes then the researcher can use the data as long as the research is approved by ethics committee

Ms. Jovy: If it's for research then informed consent from the patient should be obtained first

Naomi: Will there be just a single doctor or there will be more than one doctor who'll manage the data?

Ms. Jovy: It depends. If it is a group practice then the doctors in the group will manage it. Sometimes the doctor can delegate it to his nurse or secretary or a resident doctor (under training)

Shaila: Does this mean that every user of the software can add/edit information on the database?

Naomi: Also do they have specific tasks like the physician can view and edit the data while the researchers or practitioners can only view the data?

Ms. Jovy: They can add information when the patient comes for follow up to monitor her progress and response to treatment and review results of diagnostic exams

Ms. Jovy: You are correct. Researches can't edit or add or tamper with the data

Naomi: Thank you po. So the possible users would be the physicians and researchers only?

Yes

Shaila: Will all physicians have the same username and password to the software? Or will they have individual accounts for them to have access to the software?

Ms. Jovy: Individual accounts. Patients records are confidential

Shaila: Noted, thank you.

Naomi: If there will be different users with different tasks, what would be the tasks of each users?

Naomi: Or what data can they only view/edit?

Ms. Jovy: It depends on purpose. If it's a resident who wants to present data in conference he can obtain just the results of diagnostic tests

Naomi: What else po?

Ms. Jovy: If it's the researcher then he can use all the data provided it has been approved by ethics committee and with consent from doctor and patient

Naomi: Thank you po. Regarding the accounts of the users, will there be an admin who can manage users?

Ms. Jovy: I don't understand the question . Admin?

Shaila: Miss, will there be someone who can manage all the physicians' account?

Naomi: As well as the other accounts po

Naomi: Like it can delete or add accounts for the users of the software

Ms. Jovy: If it is an account for all specialty doctors then that would be best

Shaila: During the past interview, you've mentioned about statistics. What results from the statistics you want to retrieve/view?

Ms. Jovy: Depends on the Objective of the research. Usual are proportion mean relative risks odds ratio anova etc

Naomi: Sorry Ms. Jovy, what do you mean po by anova?

Ms. Jovy: Analysis of variance

Naomi: Can you give us a list of results that are needed po?

Ms. Jovy: I can't because we don't have research proposal yet

Naomi: Okay po.

Naomi: Ms can we have a sample copy of the data you keep track of?

Ms. Jovy: I gave Paolo the data Re ore form we use in pgh

William: Regarding the expert system po, I think we will not be able to implement it in a short span of time

Ms. Jovy: Ok

Naomi: Hence we can only implement the database for the patients' record only for this term (January - April)

William: We are sorry for the inconvenience po as the system will require a large amount of rules in order to come up with an accurate diagnosis

Ms. Jovy: Ok

Ms. Jovy: The physician will come up with the diagnosis not the program

Naomi: Okay po Ms Jovy.

Naomi: Kayo po, do you have questions po ba?

Ms. Jovy: none good night

Naomi: Thank you po Ms Jovy! We'll just contact you for other concerns in the future. Good night!

Shaila: Thank you so much for your time

Shaila: Ms. Jovy! Sorry for extending. Have a good night!

Sorry Ms. Jovy, I have received the sample data na po. We'll try to review it tonight. Will you be available po tomorrow for some clarifications if ever?

Ms. Jovy: Not on a Sunday

Naomi: Okay po Ms Jovy. Thank you!

Naomi: Sorry for the inconvenience po.

Appendix C – Sample Forms and Reports

PHILIPPINE GENERAL HOSPITAL
OUT PATIENT DEPARTMENT
SECTION OF ALLERGY AND IMMUNOLOGY

ALLERGY AND ADR FORM

PERSONAL DATA

Patient's Name _____ Case No _____
Age _____ Sex _____ Status _____ Date Data was Taken_____
Birthday _____ Birthplace _____
Address _____ Contact No _____
Source of Referral _____ Informant _____ Reliability _____%

Chief Complaint:

History of Present Illness:

Age of onset: < 1mo / 1-6mo / 7-12mo / 1-5yrs / 5-10yrs / 10-20yrs / 20-30yrs / 30-40yrs / 40-50yrs / 50-60 yrs / > 60 yrs
Duration of Illness: < 1mo / ____ mo / ____ yr; since _____
Time of occurrence: no pattern / morning / afternoon / evening / dawn
Pattern of occurrence: perennial / episodic / seasonal (J F M A M J J A S O N D)

Symptomatology:

HEAD / FACE
[ ] Headache [ ] Facial / maxillary pain
[ ] Lip angioedema [ ] Facial fullness / pressure

EYES
[ ] Pruritus [ ] Lacrimation [ ] Congestion [ ] Redness / erythema
[ ] Photophobia [ ] Discharge [ ] Angioedema [ ] Jaundice

EARS
[ ] Pruritus [ ] Angioedema [ ] Discharge [ ] Pain / Fullness

NOSE
[ ] Sneezing [ ] Pruritus [ ] Congestion [ ] Rhinorrhea (clear / purulent)
[ ] Hyposmia [ ] Anosmia [ ] Snorting [ ] Sniffing
[ ] Epistaxis [ ] Nose picking [ ] Grimacing [ ] Allergic hand salute
[ ] Paranasal pain

THROAT
[ ] Throat pruritus [ ] Palatal itch [ ] Cough [ ] Clearing
[ ] Post nasal drip [ ] Soreness [ ] Choking [ ] Hoarseness

LUNGS
[ ] Dyspnea [ ] Wheezing [ ] Gurgly chest
[ ] Chest tightness [ ] Chest heaviness [ ] Expectoration

SKIN
[ ] Pruritus [ ] Maculopapular [ ] Nodule [ ] Plaque
[ ] Wheal [ ] Vesicle [ ] Wart [ ] Patch
[ ] Macule [ ] Bullae [ ] Pustule [ ] Scaling
[ ] Papule [ ] Boil [ ] Crusting [ ] Peeling / desquamation
[ ] Erythema [ ] Warmth [ ] Pain
[ ] Hypopigmentation [ ] Hyperpigmentation
Areas involved: _____

SEVERITY SCALE

Allergic Rhinitis	Frequency	[ ] <4x/wk, <4 wks	[ ] >4x/wk, >4wks
	Sleep / school / work disturbance	[ ] Absent	[ ] Present
Bronchial Asthma	Daytime sx	[ ] Absent	[ ] Daily, affects activity
		[ ] <1x/wk	[ ] Daily, limits activity
		[ ] >1x/wk but < daily	
	Limitation of activity	[ ] Absent	[ ] Present
	Nocturnal sx / awakening	[ ] Absent	[ ] > 2x/mo
		[ ] <2x/mo	[ ] >1x/wk
	Need for rescue meds	[ ] </=2x/wk	[ ] >2x/wk
	PEF or FEV1	[ ] Normal	[ ] <80% predicted or personal best
	Exacerbation	[ ] None [ ] >/=1x/yr	[ ] 1x/wk

Other remarks: _____

_____

Precipitating Factors: (For Allergic Conditions)

[ ] Housedust	[ ] Change in room temp	[ ] Bath	[ ] Others _____
[ ] Exhaust fumes	[ ] Weather change	[ ] Emotion	_____
[ ] Foul odor	[ ] Cold	[ ] Stress	[ ] Not applicable (for drug allergy)
[ ] Perfume	[ ] Heat	[ ] Exercise	
[ ] Paint odor	[ ] Sweat	[ ] Menstruation / Menopause	
[ ] Cigarette smoke	[ ] Medication	[ ] Pregnancy	
[ ] Respiratory infection	[ ] Food	Symptom-free period? Y / N, If yes, when? _____	

DRUG CHART (For Drug Allergy)

Name of Drug	Date of Intake of Drug							
Type of Adverse Reaction								

Review of Systems:

[ ] Fever	[ ] Dizziness	[ ] Alopecia	[ ] Jaundice / icteresia	[ ] Abdominal pain
[ ] Nausea	[ ] Weight loss	[ ] Photosensitivity	[ ] Palpitations	[ ] Joint pain
[ ] Vomiting	[ ] Orthopnea	[ ] Oral ulcers	[ ] Chest pain	[ ] Edema

[ ] Others _____

Birth, Maternal and Perinatal History: (for pediatric patients)

AOG: [ ] term [ ] preterm Estimated AOG _____

Type of Delivery: [ ] NSVD [ ] Forceps [ ] CS

Location: [ ] Hospital [ ] Lying in [ ] Home assisted by _____

Complications: [ ] No [ ] Yes _____

Maternal age: _____ G __ P __ (_____) Prenatal care: ___x visits c/o _____

Maternal use of: [ ] alcohol [ ] drugs

Immunization History: (for pediatric patients)

[ ] BCG	[ ] Measles	[ ] Hep A x ___ doses	[ ] Td/tetanus toxoid
[ ] DPT x ___ doses	[ ] HiB	[ ] Varicella	[ ] Others _____
[ ] OPV x ___ doses	[ ] Hep B x ___ doses	[ ] Anti rabies	_____

Any adverse reactions to immunization? (Specify) _____

Nutritional History: (for pediatric patients)

[ ] Breastfed x ___ mos/yrs [ ] Solids _____

[ ] Formula _____ Preference _____

Past Medical History:

[ ] Hypertension [ ] Rheumatic fever [ ] Primary complex [ ] PTB exposure
[ ] Heart disease [ ] Stroke [ ] PTB treatment: Tx regimen _____ Duration _____
[ ] Heart attack [ ] Seizure disorder [ ] Renal disease (nephrotic / nephritic) [ ] Metabolic disease
[ ] Diabetes [ ] Febrile seizure [ ] Hyper-/ hypothyroidism
[ ] COPD [ ] Cancer [ ] Other endocrine disorder (eg, CAH) _____
[ ] Pneumonia [ ] SLE / CTD [ ] Surgery / trauma _____
[ ] Hospitalization _____ [ ] Intubation _____

Past Personal Atopic History: (if not yet specified in chief complaint or HPI)

[ ] Bronchial asthma [ ] Atopic dermatitis [ ] Urticaria
[ ] Allergic rhinitis [ ] Food / milk allergy [ ] Drug allergy / intolerance

Family Atopic History:	Father	Mother	Sibling	Grandparents	Aunt / Uncle	Others
Bronchial asthma	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Rhinitis	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Urticaria	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Atopic dermatitis	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Food allergy	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
Drug allergy	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

Details _____

_____

Other Medical Illnesses in the Family:

[ ] Hypertension [ ] Heart disease [ ] Stroke [ ] COPD [ ] Cancer
[ ] Heart attack [ ] Diabetes [ ] SLE / CTD [ ] PTB [ ] Kidney disease
[ ] Others _____

Personal and Social History:

[ ] Smoker _____ pack-years [ ] Illicit drug use No of siblings: _____
[ ] Alcoholic beverage drinker [ ] OCP use Marital status: _____ No of children: _____
Educational attainment: _____ Occupation: _____

Environmental History:

Bedroom: Manner of cleaning: broom / moist rag / vacuum cleaner / others _____
Dust collectors: light curtains / heavy drapes / carpet / area rug
books / clothing / stuffed toys / window blinds / screen
Pillow material: kapok / feather / cotton / foam / polyester
Blanket material: wool / cotton / flannel / others _____
Ventilation: air conditioner / electric fan / open windows
House: Dry / damp / dusty // Light curtains / heavy drapes / carpet / upholstery
Insects / insecticide / cigarette smoke // Pets (specify) _____
Yard and vicinity: Pets (specify) _____
Trees / weeds and grasses / airborne seeds
Vacant lots / busy street / smoke / factory fumes / exhaust and pollutants
School or place of work: Dry / damp / dusty // Trees / weeds and grasses
Dusty books / papers // Chemical fumes / chalk dust / cigarette smoke
Air conditioner / electric fan / open windows
Activities: Indoor deskwork / fieldwork / manual labor / sun exposure
School PE / sports / exercise (specify) _____

Previous Medical / Surgical Consult:

[ ] Allergy Dx _____ [ ] Derma Dx _____
[ ] ENT Dx _____ [ ] Pulmo Dx _____
[ ] Others _____

Previous Work Up: (Indicate date performed and results)

[ ] Skin test to aeroallergens _____
[ ] Skin test to food allergens _____
[ ] Patch test _____
[ ] Serum IgE _____
[ ] Paranasal sinus series xray _____
[ ] Pulmonary function test _____
[ ] Others _____

Previous Procedure Done:

[ ] Immunotherapy to _____ Duration: _____
[ ] Drug rechallenge / desensitization _____
[ ] Surgery: septal repair / polypectomy / antrostomy / tonsillectomy
[ ] UV light [ ] Others _____

Previous Medications:

	Name of Drug/s	Dose	Frequency	Duration of Use	Response to Treatment
Antihistamine					
Antileukotriene					
Steroids (topical, inhaled, intranasal, PO)					
B agonist					
Antibiotics					
Others					

Current Medications:

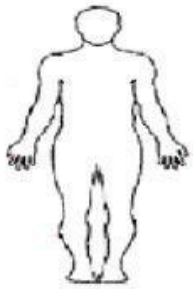
	Name of Drug/s	Dose	Frequency	Duration of Use	Response to Treatment
Antihistamine					
Antileukotriene					
Steroids (topical, inhaled, intranasal, PO)					
B agonist					
Antibiotics					
B blocker / ACEI / ASA					
Others					

PHYSICAL EXAMINATION (Date:_____)

Weight _____kg (___%) BP RR PEFR: Actual _____ = ___ % predicted
Height _____cm (___%) HR Temp Predicted

	Physical Findings
General	Normal / mouth breathing / nasal twang Speaks in sentences / phrases / words // imminent respiratory distress Oriented to 3 spheres / disoriented
Hair / Scalp	Alopecia / cradle cap / scaling / rash
Head / Face	Normal / facial tenderness Facial erythema / pallor / headlight sign / malar rash / discoid rash
Eyes	Conjunctivae: pink / pale / injection / cobblestoning Sclerae: anicteric / icteric Tearing / discharge / Dennie Morgan fold / allergic shiners / angioedema
Ears	Pinnae: Normal / abnormal / angioedema Ear canal: Normal / abnormal _____ Tympanic membrane: discharge / cerumen / cone of light intact
Nose	Normal / nasal crease / external deformity / alar flaring / bunny red nose Septum: Midline / deviated / perforated Grimacing / allergic salute Turbinates: Normal and pink Congested / pale / hyperemic / polypoid: L / R / bilateral Discharge: clear, watery / mucoid / purulent / bloody Nasal polyps: none / L / R
Oral cavity	Normal / lip angioedema / cheilitis / thrush / oral ulcers High arched palate / malocclusion / halitosis
Throat	Cobblestoning / hyperemia / tonsillar hypertrophy / exudates / post-nasal drip
Neck and thyroid	Normal / thyromegaly
Lymph nodes	Normal / enlarged Submandibular / supraclavicular / cervical / preauricular / others
Chest and lungs	Chest wall – N / AbN /accessory muscle use Breath sounds: normal / decreased / hyperresonant area Fremiti: normal / decreased / increased Adventitious sounds: rales / wheezes/ rhonchi

Heart	Apex beat = / PMI = / Normal rhythm / irregular rhythm / murmur
Abdomen	Normal / hepatomegaly / splenomegaly / mass / tender
Extremities	Palmar hyperlinearity / edema / joint swelling / clubbing
Skin	Normal / warm / cold / tender Xerosis / pityriasis alba / keratosis pilaris / ichthyosis Macule / papule / maculopapular rash Wheal / angioedema Pustule / nodule / wart Vesicle / bullae / scaling / crusting Plaque / patch / lichenification / excoriations Hypo- / hyperpigmentation / erythema Hot test + or – Cold test + or – Dermatographism + or – Target lesions: Absent / present Epidermal detachment: _____ % TBSA Mucosal involvement: Absent / =1 / >1 Nikolsky's sign: Absent / present
Pulses	Full / equal



PRESENT WORKING IMPRESSION

[ ] Allergic rhinitis	[ ] mild	[ ] intermittent	[ ] with vasomotor component
	[ ] moderate to severe	[ ] persistent	[ ] with allergic conjunctivitis
[ ] Bronchial asthma	[ ] intermittent	[ ] controlled	
	[ ] mild persistent	[ ] partly controlled	
	[ ] moderate persistent	[ ] uncontrolled	
	[ ] severe persistent	[ ] exacerbation	

[ ] Atopic dermatitis
[ ] Adverse drug reaction / experience to _____
[ ] Adverse food reaction to _____
[ ] Urticaria: Acute / Chronic secondary to _____
[ ] Sinusitis: Acute / Chronic (specify involved sinuses) _____
[ ] Others: _____

MANAGEMENT PLAN

Diagnostics:

[ ] CBC, differential count, platelet count	[ ] ANA	[ ] Skin test to aeroallergens
[ ] FBS, BUN, crea, Na, K, AST, ALT, Alk Phos	[ ] FT4, TSH	[ ] Skin test to food allergens
[ ] ESR	[ ] HBsAg, antiHBs	[ ] Autologous serum skin test
[ ] Urinalysis	[ ] PPD	[ ] Serum IgE
[ ] Fecalysis	[ ] Spirometry	[ ] Others: _____
[ ] CXR-AP/PA	[ ] Sputum AFB x 3	_____
[ ] PNS xray	[ ] 12-lead ECG	_____

Therapeutics:

	Name of Drug/s	Dose	Frequency	Duration of Use
Antihistamine				
Antileukotriene				
Steroids (topical, inhaled, intranasal, PO)				
B agonist				
Antibiotics				
Others				

Subspecialty referrals:

Supportive management:

To come back on _____
Examined by: _____
Fellow-in-Charge
(Signature over printed name)

PHILIPPINE GENERAL HOSPITAL
OUT PATIENT DEPARTMENT
SECTION OF ALLERGY AND IMMUNOLOGY

ALLERGY AND ADR

Follow up Form (1/3)

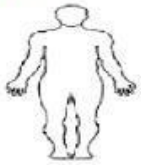
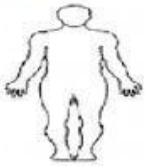
Patient's Name _____ Age _____ Sex _____ Case No _____

Date of consult		
Last seen on		
Last working impression		
Current Medications		
Review of systems	[ ] sneezing [ ] cough [ ] fever [ ] rhinorrhea [ ] dyspnea [ ] tearing [ ] congestion [ ] wheals [ ] throat clearing [ ] postnasal drip [ ] pruritus [ ] rash _____ [ ] others _____	[ ] sneezing [ ] cough [ ] fever [ ] rhinorrhea [ ] dyspnea [ ] tearing [ ] congestion [ ] wheals [ ] throat clearing [ ] postnasal drip [ ] pruritus [ ] rash _____ [ ] others _____
Severity scale	**Allergic Rhinitis** Frequency <4x/wk, >4x/wk <4wks, >4wks Sleep/work disturbance Absent/Present **Bronchial Asthma** Daytime sx </=2x/wk, >2x/wk Limitation of activity Absent / Present Nocturnal sx Absent / Present Need for rescue meds </=2x/wk, >2x/wk PEF or FEV1 Normal, <80% predicted or personal best Exacerbation None, >/=1x/yr, 1x/wk **Others** _____ _____x/wk _____x/month _____x/yr	**Allergic Rhinitis** Frequency <4x/wk, >4x/wk <4wks, >4wks Sleep/work disturbance Absent/Present **Bronchial Asthma** Daytime sx </=2x/wk, >2x/wk Limitation of activity Absent / Present Nocturnal sx Absent / Present Need for rescue meds </=2x/wk, >2x/wk PEF or FEV1 Normal, <80% predicted or personal best Exacerbation None, >/=1x/yr, 1x/wk **Others** _____ _____x/wk _____x/month _____x/yr
Triggers		
Reaction to last ITx shot	Local / systemic Immediate / late Intervention	Local / systemic Immediate / late Intervention
Latest laboratory results		
PHYSICAL EXAMINATION		
HT / WT		
BP / HR / RR		
PEFR		
General	Normal / mouth breathing / nasal twang Speaks in sentences / phrases / words // imminent respiratory distress Oriented to 3 spheres / disoriented	Normal / mouth breathing / nasal twang Speaks in sentences / phrases / words // imminent respiratory distress Oriented to 3 spheres / disoriented
Hair / Scalp	Alopecia / cradle cap / scaling / rash	Alopecia / cradle cap / scaling / rash
Head / Face	Normal / facial tenderness Facial erythema / pallor / headlight sign / malar rash / discoid rash	Normal / facial tenderness Facial erythema / pallor / headlight sign / malar rash / discoid rash

ALLERGY AND ADR

Follow up Form (2/3)

Patient's Name _____ Age _____ Sex _____ Case No _____

Date of consult		
PHYSICAL EXAMINATION . . . *continued*		
Eyes	Conjunctivae: pink / pale / injection / cobblestoning Sclerae: anicteric / icteric Tearing / discharge / Dennie Morgan fold / allergic shiners / angioedema	Conjunctivae: pink / pale / injection / cobblestoning Sclerae: anicteric / icteric Tearing / discharge / Dennie Morgan fold / allergic shiners / angioedema
Ears	Pinnae: Normal / abnormal / angioedema Ear canal: Normal / abnormal _____ Tympanic membrane: discharge / cerumen / cone of light intact	Pinnae: Normal / abnormal / angioedema Ear canal: Normal / abnormal _____ Tympanic membrane: discharge / cerumen / cone of light intact
Nose	Normal / nasal crease / external deformity / alar flaring / bunny red nose Septum: Midline / deviated / perforated Grimacing / allergic salute Turbinates: Normal and pink Congested / pale / hyperemic / Polypoid: L / R / bilateral Discharge: clear, watery / mucoid / purulent / bloody Nasal polyps: none / L / R	Normal / nasal crease / external deformity / alar flaring / bunny red nose Septum: Midline / deviated / perforated Grimacing / allergic salute Turbinates: Normal and pink Congested / pale / hyperemic / Polypoid: L / R / bilateral Discharge: clear, watery / mucoid / purulent / bloody Nasal polyps: none / L / R
Oral cavity	Normal / lip angioedema / cheilitis / thrush / oral ulcers High arched palate / malocclusion / halitosis	Normal / lip angioedema / cheilitis / thrush / oral ulcers High arched palate / malocclusion / halitosis
Throat	Cobblestoning / hyperemia / tonsillar hypertrophy / exudates / post-nasal drip	Cobblestoning / hyperemia / tonsillar hypertrophy / exudates / post-nasal drip
Neck, thyroid	Normal / thyromegaly	Normal / thyromegaly
Lymph nodes	Normal / enlarged Submandibular / supraclavicular / cervical / preauricular / others	Normal / enlarged Submandibular / supraclavicular / cervical / preauricular / others
Chest and lungs	Chest wall – N / AbN / accessory muscle use Breath sounds: normal / decreased / hyperresonant Fremiti: normal / decreased / increased Adventitious sounds: rales / wheezes/ rhonchi	Chest wall – N / AbN / accessory muscle use Breath sounds: normal / decreased / hyperresonant Fremiti: normal / decreased / increased Adventitious sounds: rales / wheezes/ rhonchi
Heart	Apex beat = / PMI = Normal rhythm / irregular rhythm / murmur	Apex beat = / PMI = Normal rhythm / irregular rhythm / murmur
Abdomen	Normal / hepatomegaly / splenomegaly / mass / tender	Normal / hepatomegaly / splenomegaly / mass / tender
Extremities	Palmar hyperlinearity / edema / joint swelling / clubbing	Palmar hyperlinearity / edema / joint swelling / clubbing
Skin	Normal / warm / cold / tender Xerosis / pityriasis alba / keratosis pilaris / ichthyosis Macule / papule / maculopapular rash Wheal / angioedema Pustule / nodule / wart Vesicle / bullae / scaling Crusting / plaque / patch / lichenification / excoriations Hypo- / hyperpigmentation / Erythema Hot test + or – Cold test + or – Dermatographism + or – Target lesions: Absent / present Epidermal detachment: _____ % TBSA Mucosal involvement: Absent / =1 / >1 Nikolsky's sign: Absent / present 	Normal / warm / cold / tender Xerosis / pityriasis alba / keratosis pilaris / ichthyosis Macule / papule / maculopapular rash Wheal / angioedema Pustule / nodule / wart Vesicle / bullae / scaling Crusting / plaque / patch / lichenification / excoriations Hypo- / hyperpigmentation Erythema Hot test + or – Cold test + or – Dermatographism + or – Target lesions: Absent / present Epidermal detachment: _____ % TBSA Mucosal involvement: Absent / =1 / >1 Nikolsky's sign: Absent / present 
Pulses	Full / equal	Full / equal

ALLERGY AND ADR
Follow up Form (3/3)

Patient's Name _____ Age _____ Sex _____ Case No _____

Date of consult		
Present working impression		
Diagnostics		
Medications		
Immunotherapy	Allergen Concentration Volume I II III IV	Allergen Concentration Volume I II III IV
Post immunotherapy physical exam	PEFR Lungs Itx site	PEFR Lungs Itx site
Reactions to current immunotherapy shot	Local / systemic Immediate / late	Local / systemic Immediate / late
Intervention for current reaction	Epinephrine SC H1 blocker PO / IM H2 blocker PO Steroid Topical / PO / IM O2 / nebulization	Epinephrine SC H1 blocker PO / IM H2 blocker PO Steroid Topical / PO / IM O2 / nebulization
Referrals		
Next ffup on		
Examined by		

Appendix D – References and Acknowledgement

This section allows you to properly cite all materials that you used, be these in the form of books or online resources. You must also acknowledge any person(s) and/or organization(s) you have interviewed or gathered the information from (name, position).

[EO1]Each chapter must start on a new page.

[EO2]Chapters with subsections must have some introductory notes, such as this one.