**Chief Complaints & H/O Present Illness**

**Past History :** **Disease:**

**Operations/Procedures**:

**Family History:** Father…………………. Mother………………………………… Others……………………………………

**Personal History** : Occupation…………………… Appetite…………………..Sleep……………………Bw…………….BI…….

Smoking…………………………….. Other Addiction………………………………Other…………………..

**Females:** Children:…………..Alive……………. ALC……………….. Lactating : Yes/No. Delivery……………………….

Abortion:…………….MR………….. IUD…………………Contraceptive…………………. Husb: (Service/Widow/ Separate)

**H/O Gestational:** DM/Hypertension/PET/Eclampsia

**Cycle:** Regular/Irregular/ Menorragia/ Scanty / Painful

**Amenorrhea**…………………………**LMP**………………………./ Menapause……………………….**HRT**: Yes/ No.

**Drug Allergy:** Not Known/ Yes ………………………………………………………………….

**Co-Morbid Illness:** Hypertension/DM/ Dyslipdemia/ Bronchial Asthma / IHD/ Others / CKD

**Drug Taking Now**:…Drug Name will be input here…………………………………………………………………………………

**Past Investigations:**

20.10.2017…………. Test Name…………Result

20.4.2017…………… Test Name………. Result

20.11. 17………………. Test Name………Result

**Physical Exam:** Wt. Pulse. BP. Temp.

**Investigation:** New investigation list will be go here.