



CLINIC CONSULTATION RECORD

Student Faculty / Employee

Blood Type: _____

School year: _____

Name:	Birth Date:	Sex:
Home Address:	Contact Number (Student/Employee):	
Parent's / Guardian's / Spouse Name:	Contact Number (Parent / Guardian / Spouse):	
Present Address:	Course / Office:	

Initial Vital Signs	BP: mmHg	RR: bpm	PR: bpm	Temp: °C	O2 Sat: %

Date & Time	Vital Signs	Chief Complaint	Management & Treatment
10-10-25 8:00 AM		1234	123
10-10-25 8:00 AM		test	test
11-10-25 8:00 AM		way kwarta	1. offline limos
11-10-25 8:00 AM		adfadfdfdf adfsdfdfsd af afadfsdff	adfdffadfafdf adfsadfdfadfsadfsdf adfsdfadfsaffdf
11-10-25 8:00 AM		sfsdfdf difogdfoghlkj b dflgidfgjlsdfio	fdgkldjfgldfjljdfglj q dfjgidfgdfgj dfgfdgdfgdfg
11-10-25 8:00 AM		d	f
11-10-25 8:00 AM		Sakit ag tijan	bobot
11-10-25 8:00 AM		Sakit ag mata	yakult
11-10-25 8:00 AM		Sakit ag likod	knorr cubes
11-10-25 8:00 AM		way kwarta	online limos