Date: {date}  
Time: {time}

**Family Number: *{fam\_number}***

Last Name: *{last\_name}*

First Name: *{first\_name}*

Middle Name: *{middle\_name}*

|  |  |  |  |
| --- | --- | --- | --- |
| Address: *{barangay}* | Age/Sex: *{age}/{gender}* | Birthdate: *{birthdate}* | Civil Status: *{civil\_status}* |

PhilHealth Number: *{philhealth\_number}*

PhilHealth Status Type: *{philhealth\_status}*

If dependent, DPIN: *{philhealth\_dpin}*

PhilHealth Category: *{philhealth\_category}*

Contact Number: *{phone\_number}*

**Vital Signs** BP: *{bp}* Temp.: *{temp}* HR: *{hr}*

WT: *{weight}* HT: *{height}* PR: *{pr}*

RR: *{rr}* BMI: *{bmi}* O2Sat: *{ostat}*

**Pediatric Client: (1-2 years old):**

Length: *{lngth}* Waist: *{waist}* Head: *{head}* Hip: *{hip}*

Limb: *{limb}* MUAC: *{muac}* Skinfold: *{skin}*

CHIEF OF COMPLAINT: *{chief\_of\_complaint}*

History of Present Illness: *{history\_of\_present\_illness}*

**Past Medical History**

{pm\_allergy} Allergy {pm\_hyper} Hyperlipidemia

{pm\_cvd} Cerebrovascular Disease {pm\_pneumonia} Pneumonia

{pm\_emphysema} Emphysema {pm\_uti} Urinary tract infection

{pm\_hepa} Hepatitis {pm\_cancer} Cancer

{pm\_mi} Mental illness {pm\_diabetes} Diabetes Mellitus

{pm\_ulcer} Peptic ulcer {pm\_extube} Extrapulmonary Tuberculosis

{pm\_thyd} Thyroid disease {pm\_pulmtube} Pulmonary Tuberculosis

{pm\_asthma} Asthma {pm\_none} None

{pm\_cad} Coronary Artery Disease {pm\_epilepsy} Epilepsy/seizure disorder

Others: *{pm\_others}*

**Family Medical History**

{fm\_allergy} Allergy {fm\_hyper} Hyperlipidemia

{fm\_cvd} Cerebrovascular Disease {fm\_pneumonia} Pneumonia

{fm\_emphysema} Emphysema {fm\_uti} Urinary tract infection

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{fm\_asthma} Asthma {fm\_none} None

{fm\_cad} Coronary Artery Disease {fm\_epilepsy} Epilepsy/seizure disorder

Others: *{fm\_others}*

**Social History**

Is patient Smoker? {smoke\_no} No {smoke\_quit} Quit {smoke\_yes} Yes

Is patient Alcohol Drinker? {drink\_no} No {drink\_quit} Quit {drink\_yes} Yes

Is patient Illicit Drug User? {drug\_no} No {drug\_quit} Quit {drug\_yes} Yes

Is patient Sexually Active? {sex\_no} No {sex\_quit} Quit {sex\_yes} Yes

**Physical Examination**

**Skin or extremities description HEENT description**

{clubbing} clubbing {abpr} abnormal pupillary reaction

{decmob} decreased mobility {palec} pale conjunctivae

{palen} pale nallbeds {sunkeye} sunken eyeballs

{weakp} weak pulses {cerv} cervical lymphadenopathy

{coldclum} cold clummy {icteric} icteric sclerae

{edema} edema/swelling {sunkfon} sunken fontanella

{turgor} poor skin turgor {dry} dry mucous membrane

{cyan} cyanosis/mottled skin

{rash} rash or itching

{skin\_normal} essentially normal {heent\_normal} essentially normal

Others: *{skin\_others}* Others: *{heent\_others}*

**Menstrual History**

Is patient menstrual history applicable: {mens\_no} No {mens\_yes} Yes

Menarche {menarche}

Date of Last Menstrual Period: {date\_of\_last\_period}

Duration of Last Menstrual Period: {duration}

Interval or cycle of menstruation in number of days: {interval}

Number of pads used per day: {pads}

Onset of sexual intercourse: {onset\_intercourse}

Birth control method use: {birth\_control\_method}

Is menopause? {meno\_no} No {meno\_yes} Yes

**Pregnancy History**

Is pregnancy history applicable: {preg\_no} No {preg\_yes} Yes

Number of pregnancies to date-gravidity: {gravidity}

Number of deliveries to date-parity:{parity}

Type of delivery: {delivery}

Number of full-term pregnancies: {num\_full\_term}

Number of premature pregnancies: {num\_prema}

Number of abortions: {num\_abort}

Number of living children: {num\_living}

Pre-eclampsia: {pre\_eclampsia}

With access to family planning counselling? {fam\_planning\_no} No {fam\_planning\_yes} Yes

DIAGNOSIS & PLAN: *{diagnosis}*

PRESCRIPTIONS: *{plan}*