



PHYSICAL MEASUREMENT (DOWNTIME FORM)

Physical Measurements

Systolic BP	<input type="text"/>	(mm Hg)	Haemoglobin	<input type="text"/>	(g/dl)
Diastolic BP	<input type="text"/>	(mm Hg)	PCV	<input type="text"/>	%
Pulse Rate	<input type="text"/>	(mm Hg)	Blood Sugar	<input type="text"/>	(mmol/l)
Serology	<input type="text"/>	(Hep B)			
Serology	<input type="text"/>	(VDRL)	Weight	<input type="text" value="76.3"/>	kg
Serology	<input type="text"/>	(TPHA)	Height	<input type="text" value="169.5"/>	cm
Iodine Sensivity	<input type="text"/>				
Serum Creatinine	<input type="text"/>	(umol/l)	SPO2	<input type="text"/>	
Condition of Patient	<input type="text"/>	Q			

Patient's Assessment (for Outpatient Clinic)

Smoker ☐ Yes

Under Medication for Blood Pressure? ☐ Yes

Update

Name : _____

Signature: _____

Date & Time: _____