



PATIENT'S INFORMATION  
(Please Stick Label)

## OBSERVATION & EMERGENCY INITIAL DOCTOR ASSESSMENT

Please tick ☒ where applicable

Presenting complaint:

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History of present complaint:

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Past Medical / Surgical history:

☐ IHD    ☐ Hypertension    ☐ Diabetes    ☐ Dyslipidemia    ☐ Heart failure    ☐ CABG

☐ Others: \_\_\_\_\_

Physical Examination

General appearance: \_\_\_\_\_

Vital signs: HR: \_\_\_\_\_ bpm    ☐ regular    ☐ irregular    BP: \_\_\_\_\_ / \_\_\_\_\_ mmHg

RR: \_\_\_\_\_ breaths/min    SPO<sub>2</sub>: \_\_\_\_\_ %    ☐ Room air    Temperature: \_\_\_\_\_ °C

Pain score: \_\_\_\_\_ /10

Chest lungs:

Respiratory examination: ☐ Lungs clear

Heart:

Auscultation: ☐ Normal

Other:

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**Investigations:**

- |              |                                 |                                   |                |
|--------------|---------------------------------|-----------------------------------|----------------|
| 1. ECG       | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Comment: _____ |
| 2. Troponin: | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Comment: _____ |
| 3. CXR:      | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | Comment: _____ |
| 4. Other:    | _____                           |                                   |                |

**Diagnosis:** \_\_\_\_\_

**Care Plan:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

☐ **Patient & Family Education (PFE)**  
"I have assessed patient's learning barriers & addressed them accordingly"

- a) Educate on disease process;
- b) Discuss on treatment, care plan and expected outcome of care with patient and/or family;
- c) Educate on follow up care.

☐ **Patient information Materials given (If applicable)**  
I have involved the patient and/or family in the education and care process and they are able to verbalize their understanding.

**Completed by:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Name :** \_\_\_\_\_