LIFEBRIDGE C. HOSPITAL

COMPREHENSIVE MENTAL HEALTH / REHABILITATION

Northern Bypass Roysambu
Nairobi Behind Treat Hotel
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CLINICAL SUMMARY

PT NAME(S): ..... AGE: ..... GENDER: .....

DATE OF VISIT: ..... OP NO:.....

PRESENTING COMPLAINS:

HISTORY OF PRESENTING ILLNESS:

IMPRESSION:

INVESTIGATIONS:

FINAL DIAGNOSIS

MANAGEMENT:

DOCTOR'S NAME: .....

SIGNATURE: ..... DATE: .....