# **Hospital Management System**

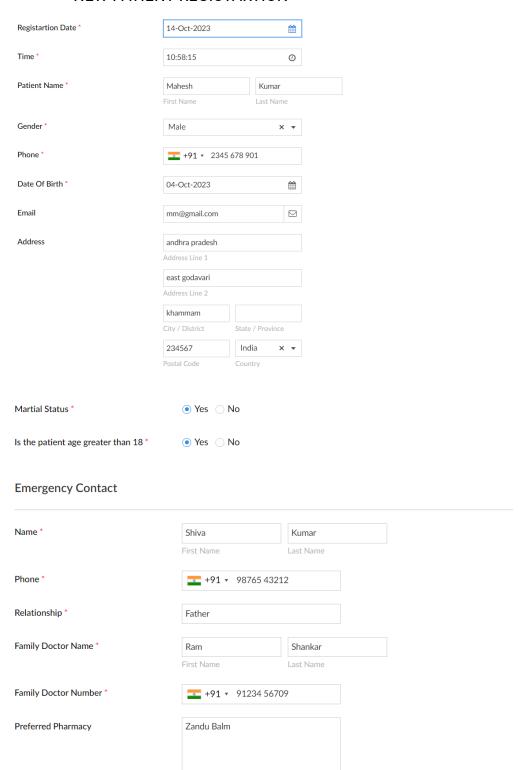
### Patient Admission Form:

#### **NEW PATIENT REGISTARTION**

Registartion Date *	dd-MMM-yyyy		<b>ش</b>
Time *	HH:mm:ss		<b>②</b>
Patient Name *			
	First Name	Last Name	
Gender *	-Select-		*
Phone *	<b>■ +91 ▼</b> 812	34 56789	
Date Of Birth *	dd-MMM-yyyy		<b>***</b>
Email			
Address			
	Address Line 1		
	Address Line 2		
	Address Line 2		
	City / District	State / Province	
		-Select-	•
	Postal Code	Country	
	City ( Pittit	State ( Decided	
	City / District	State / Province  -Select- ▼	
	Postal Code	Country	
Martial Status *	○ Yes ○ No		
Is the patient age greater than 18 *	○ Yes ○ No		
is the patient age greater than 10	0 163 0 110		
Emergency Contact			
Name *	First Name	Last Name	
Phone			
Phone *	<b>== +91 ▼</b> 81234	56789	
Relationship *			
Family Doctor Name *			
	First Name	Last Name	
Family Doctor Number *	<b>= +91 ▼</b> 81234	56789	
Preferred Pharmacy			

Phone *	<b></b> +91 ▼ 81234 56789
Relationship *	
Family Doctor Name *	First Name Last Name
Family Doctor Number *	<b></b>
Preferred Pharmacy	
Health History	
Reason for Registration *	
Additional Notes	
Taking Any Medication *	○ Yes ○ NO
	Submit Reset

#### **NEW PATIENT REGISTARTION**



### Health History

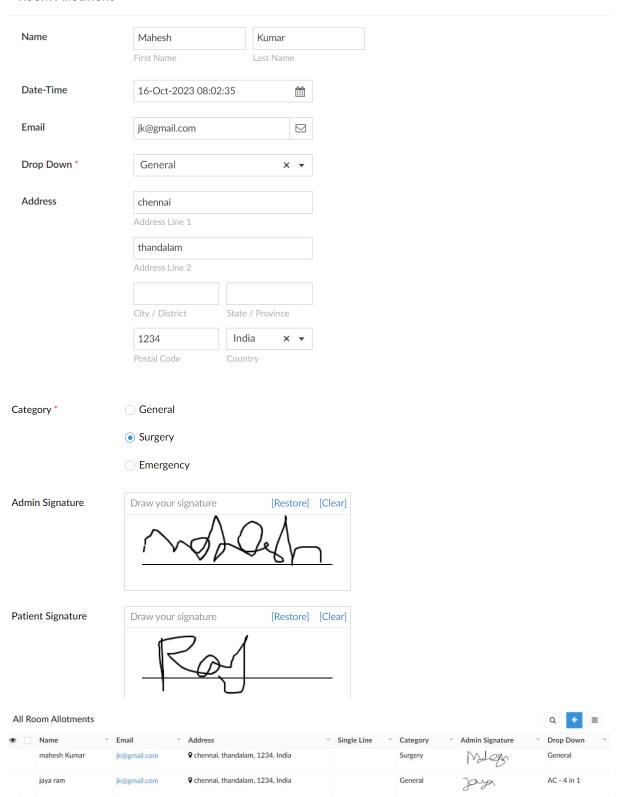
Reason for Registration *	Head ache	
Additional Notes	from 10 days	
Taking Any Medication *	Yes	



## Room Allotment Form

#### Room Allotment Name First Name Last Name Date-Time dd-MMM-yyyy HH:mm:ss Email $\square$ Drop Down \* Address Address Line 1 Address Line 2 City / District State / Province -Select-Postal Code Single Line Category \* General Surgery Emergency Category \* General Surgery Emergency Admin Signature [Clear] Draw your signature Patient Signature Draw your signature [Clear] Reset

#### **Room Allotment**



## Discharge Form

### Discharge

Name			
	First Name	Last Name	
Date of Joined	dd-MMM-yyyy	<b>ش</b>	
Reason for Admittance			
icason for Admictance			
Consulted Doctor			
Diagnosis at Admittance			
Date of Discharge	dd-MMM-yyyy	<b>m</b>	
Date of Discharge	uu-iviiviivi-yyyy	<u> </u>	
Reason for Discharge *	<ul><li>Deceased</li></ul>		
	<ul><li>Patient Treated</li></ul>		
	O Patient Transfered		
	Other		
Bill Procedure *	<ul><li>Completed</li></ul>		
	Not Completed		
	, tot completed		
	Submit Reset		

#### Discharge

