



KMHPF194V2

**OUT PATIENT ASSESSMENT FORM**

DR. KAMAKSHI MEMORIAL HOSPITAL, PALLIKARANAI, CHENNAI

PATIENT PROFILE

UHD: 33915 Date: 22/11/25
 Patient Name: MRS. SARASWATHY
 Age/Gender: 53/F
 Blood Group: S3/F
 Doctor Name: DR. ARUN KUMAR

CHIEF COMPLAINTS AND HISTORY

Allergies / intolerances

- c/o Breathlessness on Exertion x 2 days.
- no Chest Pain. / Palpitation.
- c/o PND x 2 days
- no Cough. / cold.

No Reduced urine output

EXAMINATION

K/c/o DM / HTN.

Vitals: (N)

Temp: _____

HR: 70b/m

RR: _____

BP: 130/80 mmHg

Height: _____

Weight: 93.5 kg

BMI: _____

Pain Score: _____

CVS- S1S2 (P)

RS- B/LC/E (P)

NO wheeze / crackles

SpO2 - 96%

HbA1c: 7.7

Hb: 11.

B/L Pitting pedal edema

PROVISIONAL DIAGNOSIS

[illegible]

Physical Activity

ECG; 2D Echo.

RF7, LF7; ~~3~~

cardiolog (o)

Consultant Signature
(with Reg. No)

Consultant Name

Date & Time

Follow up visit

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