



KMHOPI94V2



OUT PATIENT ASSESSMENT FORM

DR.KAMAKSHI MEMORIAL HOSPITAL, PALLIKARANAI, CHENNAI.

PATIENT PROFILE

UHID 33915 Date 22/10/25
 Patient Name MRS. SARA SWATHY
 Age/Gender 53/F
 Blood Group
 Doctor Name DR. ARUN KUMAR.

CHIEF COMPLAINTS AND HISTORY

Allergies / intolerances

- c/o Breathlessness on Exertion x 2day.
- No Chest Pain. / Palpitation.
- c/o PND x 2day
- No Cough. / cold. No productive sputum

EXAMINATION

K/clo DM HTN.

Vitals: (N)
 Temp: Height:
 HR: 70/M Weight: 93-50kg
 RR: BMI:
 BP: 130/80 mmHg Pain Score:

CVS- S, S₂ (↑)SpO₂ - 96%.

RS- B/L AC (↑)

No Wheeze / Crust.

Hb A_{1c}: 7.7.

Hb: 11.

B/L Pitting Edema

PROVISIONAL DIAGNOSIS

R Medication (In capital letters)

Investigations

Physical Activity

- ECG; 2D Echo.

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RFT, LFT; ~~Debility~~

- cardiology (o)

Diet Advice

Follow up visit

Consultant Signature
(with Req. No)

Consultant Name

Date & Time

Dr.ARUNKUMAR R. M.B.B.S.,M.D.,
: GENERAL MEDICINE
Reg No: 121889
Dr.Kamakshi Memorial Hospital
No.6/484, Rajiv Gandhi Salai (OMR)
Egattur, Chennai - 600130.



Doctor Appointments

044 71 200 299 **73583 17333**



Free Home Sample Collection

044 71 200 266 73583 21666



Emergency Ambulance

 044 66 300 500 / 66 300 300