



KMHOPF194V2

**OUT PATIENT ASSESSMENT FORM**

DR.KAMAKSHI MEMORIAL HOSPITAL, PALLIKARAI, CHENNAI.

**CHIEF COMPLAINTS AND HISTORY****PATIENT PROFILE**

UHID 33915 Date 22/11/25

Patient Name Mrs, Revathy

Age/Gender

53/F

Blood Group

Doctor Name Dr. ARUN KUMAR

## Allergies / Intolerances

- C/o Breathlessness on Exertion x 2 days.
  - No Chest Pain / Palpitation.
  - C/o PND x 0 day
  - No Cough. / cold.
- No pedal oedema  
cannot

**EXAMINATION**

K/o DM/HTN.

Vitals @  
 Temp 76/min HR 76/min  
 HR \_\_\_\_\_ BMI \_\_\_\_\_  
 BP 130/30 mmHg Pain Score \_\_\_\_\_

CVS - S1s(2)

SpO2 - 96%.

RS - Blves- +

No wheez/crept

HbA1c: 7.7

Hb. %

B/L Pitting Pedal edema

**PROVISIONAL DIAGNOSIS**

**R Medication (in capital letters)**

## **Investigations**

## **Physical Activity**

- ECG; dD Echo.

Plan of Care™

RFT, LFT; ~~3000~~

cardiology (o)

## Diet Advice

Consultant Signature  
(with Reg. No.)

Consultant Name

Date & Time

Dr.ARUNKUMAR D M B.S.,M.D.,  
GENITAL SURGEON  
Reg No. 571089  
Dr.Kamakshi Memorial Hospital  
No.6/484, Rajiv Gandhi Salai (OMR)  
Egattur, Chennai - 600130.

### **Follow-up visit**



## Doctor Appointments

044 71 299 299



73583 17333



**Free Home Sample Collection**

044 71 200 266



## Emergency Ambulance

044 66 300 500 / 66 300 300