

# SOUTHWESTERN UNIVERSITY

## PHINMA UNIVERSITY CLINIC CLINIC NOTE

PE NO: \_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ Department/College: \_\_\_\_\_ Section: \_\_\_\_\_

Phone/Contact Number: \_\_\_\_\_ Phinma Email: \_\_\_\_\_

CHIEF COMPLAINT: \_\_\_\_\_

**Vital Signs:**

Blood Pressure: \_\_\_\_\_ mmHg

Pulse Rate: \_\_\_\_\_ bpm

Respiratory: \_\_\_\_\_ cpm

Temperature: \_\_\_\_\_ °C

SpO2: \_\_\_\_\_ %

WORKING Dx \_\_\_\_\_

**Hx OF CURRENT ILLNESS:**

SIGNS AND SYMPTOMS :

ALLERGIES :

MEDICATIONS :

PAST MEDICAL HISTORY :


LAST ORAL INTAKE :

Event leading to injury :

MANAGEMENT :

Remarks:

Approved by:

  
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