

# 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:**

**WORKING Dx**

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

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

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

Temperature: \_\_\_\_\_ °C

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

**Hx OF CURRENT ILLNESS:**

SIGNS AND SYMPTOMS :


ALLERGIES :

MEDICATIONS :

PAST MEDICAL HISTORY :

**Remarks:**

Approved by:

  
IANNE JIREHN RAMOS-CAÑIZARES, MD, FPCP  
University Physician  
PRC License #: 0128061

