



## ADMISSION FORM

CABIN / BED

C-204

Registration No : 8 Date : 12/07/2020 Time : 03:25:08 PM  
Patient Name : MEHEDI Age : 25 Y Sex : Others  
Father / Husband : HOSAIN Religion :  
Occupation : SDFDS Blood Group : A3  
ADDRESS :  
Vill / Road : KJHULNA Word /Post : KHIULA  
Thana : SDFS District : KHIULA  
Tel./Mobile : 01458875564  
Referred By :  
Consultant : shovon  
Diagnosis :

Signature of Medical Officer

I hereby undertaken to abide all the rules & regulations of this Hospital & also give consent to any treatment as deemed necessary / advisable

Date : 12/07/2020

Name & Signature of the Legal Gurdian & Relation

## History Chart

1. Chief Complaints :

2. History of Present illness :

3. On Examination :

**Inspection** : Anaemia, Jaundice, Edema, Cyanosis,  
Clubbing, Dehydration, Thyroid,  
Lymph node.

**Pulse** :

**B. P** :

**Respration** :

**Palpation** :

**Temp** :

**Percussion** :

**Heart** :

**Ausculation** :

**Lung** :

4. History of Past illness :

5. Drug / Allergy History:

6. Family History : DM/ HTN / Bronchil Asthma

7. Personal History :

8. Obs. History :

<b>LMP</b>	:	<b>Gravida</b>	:	<b>FM</b>	:	<b>Cx</b>	:
<b>EDD</b>	:	<b>A L C</b>	:	<b>Presentation</b>	:	<b>P/A</b>	:
<b>Para</b>	:	<b>F H S</b>	:	<b>Lie</b>	:	<b>P/V</b>	:

9. Menstrual History: MC: MP:

10. Other Note :

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<b>Examination Chart</b>
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Previous Inv.

Confirm Dx

Clinical Dx

Plan of Rx

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Operation Note :

Baby Note :