	<p>Republic of the Philippines</p> <p>University of Southeastern Philippines</p> <p>Iñigo St. Bo. Obrero, Davao nCityu, 8000</p> <p>Telephone: (082) 227-8192</p> <p>Website : www.usep.edu.ph</p> <p>Email: President@usep.ed.ph</p>	Form No.	FM-USep-MDS-01
		Issue Status	02
		Revision No.	01
		Date Effective	1 March 2018
		Approved by	President

PERMANENT PATIENTS RECORD 2

1 x 1
Photo

Name _____ Age _____ Status _____ Sex _____ Course _____

Surname First Name Middle Name

Birthdate _____ Birthplace _____ Religion _____ Nationality : _____

City Address _____

Provincial Address _____

Parent's Contact No. _____

PATIENT HEALTH RECORD : (To be filled up by the examining physician)

A. General Appearance : _____

Vital Signs : Height : _____ Weight: _____ PR: _____ RR: _____ Temp: _____

BP: _____ Cardiac Rate: (at rest) _____ (after physical activity) _____

B. Infectious Diseases: _____

C. Social History : _____

D. Family History : _____

E. System Review : _____

Skin : _____

Lymph Nodes: _____

Integument System : _____

Circulatory System : _____

Endocrine System : _____

Allergic / Immunologic History _____

HEENT: _____

Mouth : _____

Breast : _____

Respiratory System : _____

Cardiovascular System : _____

Gastrointestinal System : _____

Genitourinary Tract : _____

Psychiatric History / Mental Status: _____

(To be filled up by the applicant)

Have you ever been admitted / hospitalized? _____ If yes , what illness ? When ? _____

Have you ever had a surgical operation? _____ If yes , what kind ? When ? _____

Had you ever had any of the following infectious diseases? (Please Check)

Measles: _____ German Measles: _____ Chickenpox: _____ Hepatitis A; _____ Tetanus: _____ PTB _____

Do You experience headache, dizziness or syncope at any time? Yes _____ No _____

FOR FEMALES ONLY:

At what age did you have you first menstruation ? _____ Do you have regular monthly periods ? _____ If no,
how often do you have year periods in a year ? _____ Do you experince dysmenooha? Yes _____ No _____

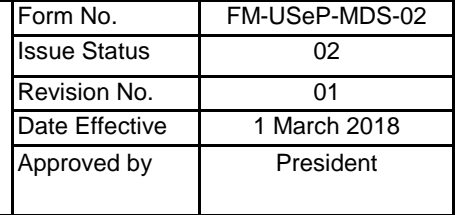
What other premenstrual sytoms do you have ? _____

I hereby swear that the above information are true and correct. And therefore, promise to abide by the rules and regulations of the University of Southeastern Philippines- Health Services Division.

Date

Signature of Applicant/ Student

[illegible]





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Form No.	FM-USEP-MDS-03
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DAILY PATIENTS RECORD

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