IN PATIENT CASE SHEET

dr shaam’s arogyalaya

10/236-D, KAMARAJ NAGAR, SURANDAI ROAD, KURUMBALAPERI VILAKU, PAVOORCHATRAM, TENKASI DT. 627808

CASE SHEET

REG NO: DATE OF ADMISSION:

IPD REG NO: DATE OF DISCHARGE:

CASE SHEET

OPD REG NO: DATE OF ADMISSION:

IPD REG NO: DATE OF DISCHARGE:

PATIENTS DETAILS

NAME :

AGE :

SEX :

PLACE :

OCCUPATION :

MARRITAL STATUS :

EMERGENCY CONTACT NO. :

PERMANENT ADDRESS WITH

PHONE NO. :

PRESENT ADRESS :

PERSON TO CONTACT

GAURDIAN :

OFFICE USE:

DATE OF ADMISSION :

EXPECTED DATE OF DISCHARGE :

DATE OF DISCHARGE :

CLINICAL DIAGNOSIS :

CHIEF COMPLAINT:

HISTORY OF PRESENT ILLNESS:

PAST HISTORY:

FAMILY HISTORY:

MEDICAL/DRUG HISTORY:

INVESTIGATION REPORTS:

OBSTETRICS AND GYNAEC HISTORY:

|  |  |
| --- | --- |
| MENSTRUAL HISTORY | GYNAEC HISTORY |
| MENARCHE: | GRAVIDA: |
| CYCLE: | PARA: |
| FLOW: | ABORTION: |
| LEUCORRHOEA: | MISCARRIAGE: |
| NO OF NAPKINS USED PER DAY: | ALIVE: |
| VAGINAL DRYNESS: | COMPLICATION DURING PREGNANCY AND DELIVERY: |
| GENITAL ITCHING /INFECTION: | NORMAL DELIVERY /C-SECTION DELIVERY: |

PERSONAL HISTORY:

DIET : MIXED/VEGETARIAN/NON-VEGETARIAN/EGGETARIAN

SLEEP :

MICTURATION : FREQUENCY :

BOWELS : FREQUENCY :

HABIT :

ADDICTION :

BIOMETRIC MEASUREMENT:

|  |  |  |
| --- | --- | --- |
| HEIGHT | ON ADMISSION | ON DISCHARGE |
| WEIGHT |  |  |
| BMI |  |  |
| ARM |  |  |
| CHEST |  |  |
| ABDOMEN |  |  |
| HIP |  |  |
| THIGH |  |  |

VITAL DATA ON THE DAY OF ADMISSION

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| BLOOD PRESSURE |  |
| BLOOD SUGAR |  |
| PULSE RATE |  |
| HEART RATE |  |
| RESPIRATORY RATE |  |
| TEMPERATURE | FEBRILE/AFEBRILE  TEMP IN DEGREE |

GENERAL PHYSICAL EXAMINATION

APPEARANCE :

EXPRESSION :

BUILT :

PALLOR :

ICTERUS :

CYANOSIS :

CLUBBING :

LYMPHADENOPATHY :

HAIR :

EYES :

EAR :

NOSE :

NAILS :

MOUTH :

TONGUE :

EDMEA :

SYSTEMIC EXAMINATIONS

GIT.

R.S.

C.V.S.

C.N.S.

LOCOMOTOR.

ENDOCRINOLOGY.

DERMATOLOGY.

ENT.

NATUROPATHY DIAGNOSIS:

ENCUMBERANCE : FRONT/BACK/MIXED/WHOLE

IRIS DIAGNOSIS :

PROVISIONAL DIAGNOSIS:

DECLARATION:

I HAVE BEEN EXPLAINED ABOUT THE TREATMENT MODALITIES, RULES, REGULATIONS AND ROOM RENTS OF THE HOSPITAL AT THE TIME OF ADMISSION.THE DOCTOR OF THE INSTITUTE WILL NOT BE RESPONSIBLE FOR ANY COMPLICATIONS DURING MY STAY AT HER.I HAVE BEEN ALSO INFORMED NOT TO KEEP ANY VALUABLE AND EXCESS MONEY WITH ME

DOCTOR IN CHARGE : PATIENT :

NAME OF THE PATIENT: WARD NAME:

DAILY RECORD SHEET

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| DATE | P. R | R. R | H. R | B.P. | TEMP | FBS | PPBS |
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DOCTOR’S SIGNATURE:

TREATMENT CHART:

NAME OF THE PATIENT: WARD NAME:

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| DATE | ROUTINE | MORNING | AFTERNOON | EVENING | SIGN |
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NAME OF THE PATIENT: WARD NAME:

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NAME OF THE PATIENT: WARD NAME:

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DIET SHEET

DIABETIC / NON-DIABETIC WARD NAME

VEGETARIAN/NON-VEGETARIAN/EGGETARIAN

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| DATE | 07:00 AM | 09:00 AM | 11:00 AM | 01:00 PM | 03:30 PM | 05:00 PM | 07:30 PM |
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NAME OF THE PATIENT: WARD NAME:

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| DATE | 07:00 AM | 09:00 AM | 11:00 AM | 01:00 PM | 03:30 PM | 05:00 PM | 07:30 PM |
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FITNESS CARD

NAME OF THE PATIENT: WARD NAME:

IPD REG NO

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| FITNESS | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| GENERAL YOGA  06:30AM  TO  07:30AM |  |  |  |  |  |  |  |  |  |  |
| WALKING  07:30PM  TO  08:30PM |  |  |  |  |  |  |  |  |  |  |
| AEROBICS  07:30AM  TO  08:30PM |  |  |  |  |  |  |  |  |  |  |
| OBESITY/PCOD/THYROID/  FATTYLIVER/DIABETES  10:30 AM – 11:00 AM |  |  |  |  |  |  |  |  |  |  |
| STRESS/DEPRESSION/  ANXIETY  11:00 AM -11:30 AM |  |  |  |  |  |  |  |  |  |  |
| ASTHMA/ACIDITY  03:30 PM – 04:00 PM |  |  |  |  |  |  |  |  |  |  |
| BACKPAIN/JOINT PAIN/NECKPAIN/KNEEPAIN  04:00 PM – 04:30 PM |  |  |  |  |  |  |  |  |  |  |
| GYM  06:30 PM - 07:00 PM |  |  |  |  |  |  |  |  |  |  |
| STRETCHING  05:30 PM – 06:30 PM |  |  |  |  |  |  |  |  |  |  |
| DIABETIC MELLITUS EXERCISE  AT PHYSIOTHERAPY |  |  |  |  |  |  |  |  |  |  |

DIET CARD

DIABETIC / NON-DIABETIC WARD NAME

VEGETARIAN/NON-VEGETARIAN/EGGETARIAN

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| DATE | 07:00 AM | 09:00 AM | 11:00 AM | 01:00 PM | 03:30 PM | 05:00 PM | 07:30 PM |
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