REJUVENATE
Digital health

Date : _____

PATIENT INFORMATION

Patient Name: _____ UHID No: _____

IPD No.: _____ Age/Sex _____

INTIAL ASSESSMENT SHEET

Chief Complaints:

History of Present illness:

Past History: ◯ Hypertension ◯ Diabetes ◯ IHD ◯ COPD ◯ TB ◯ Renal Failure
◯ Dental Caries ◯ Surgery ◯ Stroke ◯ Thyroid

General Physical & Local Examination:

BP	Pulse	Temp	RR	Pupils
Dehydration	Pallor	Icterus	JVP	Cyanosis
Clubbing	Oedema	Lymphadenopathy		Other

System Evaluation (CNS, CVS, Respiratory, GI Rndocine, etc,):

Provisional Diagnosis: _____

All Orders must be legible, dated & timed.