



MGM
NEW BOMBAY HOSPITAL, VASHI



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Patient Sticker

DOCTOR INITIAL ADMISSION ASSESSMENT

Consultant: Dr. Prashant A
Speciality: General Surgery
Date: 5/10/24 Time: 1:30 pm

Patient Name

UHID: _____

Gender: _____



MR. KIRAN BHAGWAN TAWARE

UHID: MGM240017131 IPD: MGM-P2406720

Age/Sex: 56 Years : M DOB: 05/12/2024

BED: TICU-006 WARD: TIC

DR. DR. PRASHANT ATHALE

Present Complaints and History of Present Illness

Fever with Joint pain and headache x 1 week back for 2 days
Followed by Pain abdomen with abdominal distension
from yesterday (4/10/24), Believe RT cephalic
Chikungunya IgM (+ve) outside (4/10/24) (document attached)
Allergies: Not known, out side CT abdomen sp- Appendicitis(?)
Blood Transfusion _____ Drug _____ Food/Other Beverages _____ Appendicitis perforator.

History of past illness inclusive of any surgery performed/medication/investigations done (photocopies to be enclosed)

Patient was admitted to outside Hospital and
diagnosed as Appendicular perforator.
PHH- Inguinal Hernia sp- Hernia early - Many years back.

Duration _____

Drug History / Current Medications

Name of the Drug	Dose	Frequency	Route	Date/Time of Last Dose	To be continued or not	
					Yes	No
<u>AM Caprox-pate</u>	<u>150mg</u>	<u>1-04</u>	<u>IV</u>	<u>4/10/24</u>		<input checked="" type="checkbox"/>
<u>AM Piptaz.</u>	<u>450mg</u>	<u>1-1</u>	<u>IV</u>	<u>4/10/24</u>	<input checked="" type="checkbox"/>	
<u>AM Metro</u>	<u>100mg</u>	<u>1-1</u>	<u>IV</u>	<u>4/10/24</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>AM Amikacin</u>	<u>500mg</u>	<u>1-1</u>	<u>IV</u>	<u>4/10/24</u>		<input checked="" type="checkbox"/>
<u>AM Esmos</u>	<u>400mg</u>	<u>1-1</u>	<u>IV</u>	<u>4/10/24</u>		<input checked="" type="checkbox"/>
<u>AM Emerol</u>	<u>1mg</u>	<u>1-1</u>	<u>IV</u>	<u>4/10/24</u>	<input checked="" type="checkbox"/>	
<u>AM PCM</u>	<u>1gm</u>	<u>1-1</u>	<u>IV</u>	<u>4/10/24</u>		<input checked="" type="checkbox"/>

Family History Nothing Significant

Personal History

Occupation Security department Smoking Y ☐ N ☒ Duration _____

Tobacco chewing Y ☐ N ☒ Duration _____ Alcohol Y ☐ N ☒ Duration _____

Life Style Sedentary