



DOCTOR INITIAL ADMISSION ASSESSMENT

Consultant: Dr Rajmohan.
Speciality: General Medicine.
Date: 03/10/24 Time: 2PM.

Patient Name: _____
UHID: _____ IPID: _____ Age: _____
Gender: _____ Ward: _____ DOA: _____

Present Complaints and History of Present Illness

Fever with chills since morning
1 episode of irrelevant talk in morning.

Allergies: No known Allergy

Blood Transfusion _____ Drug _____ Food/Other Beverages _____

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

Diabetes Mellitus, Hypertension, Neuro myelitis optica,

Multiple Sclerosis, History of spine fracture

Surgical: Breast hysterectomy, operated for wrist & right side.

Duration _____

Drug History / Current Medications

Name of the Drug	Dose	Frequency	Route	Date/Time of Last Dose	To be continued or not	
					Yes	No
TAB AZATHIOPRINE	50MG	1-0-1	p/o	2/10/24 8pm	✓	
TAB LOSAR	50MG	1-0-1	p/o	2/10/24 8pm	✓	
TAB METFORMIN	500MG	1-1	p/o	2/10/24 8pm		✓
TAB VOGLIBOSE	0.3MG	1-1-0	p/o	2/10/24 1PM		✓
TAB CLINIDIPINE	5MG	0-0-1	p/o	2/10/24 8pm	✓	
TAB CARBAMAZEPINE	100MG	1-0-1	p/o	2/10/24 8pm	✓	
TAB SHELCAL	500MG	0-0-0	p/o	2/10/24 1PM		✓

Family History _____

Not significant

Personal History

Occupation Homemaker Smoking Y N Duration _____

Tobacco chewing Y N Duration _____ Alcohol Y N Duration _____

Life Style Sedentary