

PATIENT SUMMARY FORM

Name: Ritik	Date: 24-02-2025 -		
Date of Birth (DD/MM/YYYY): 15-03-2001	Age: 24	Gender: Male	
MEDICAL HISTORY (To be completed by Doctor)			
CHIEF COMPLAINT			
sadsafds3543			
HISTORY OF PRESENTING ILLNESS			
tretrytrh			
PAST MEDICAL HISTORY AND DRUG HISTORY			
fdgdfh			
PAST SURGICAL HISTORY			
fgdghfd			
Allergies	Yes (✓)	No ()	
LIFESTYLE HISTORY	Y	N	Comment
Smoking	✓		fhfgjgyfj
Alcohol use		✓	
Other (Sexual activity,LMP etc.)	✓		fdhgf

MEDICAL PHYSICAL EXAMINATION

Date: 24-02-2025 -

Patient Date	Initials and Date of Birth		15-03-2001
Photographic ID:	Passport number		
	Driver's license number		
	Other:		hfjf

VITALS (TO BE COMPLETED BY NURSE/ MEDICALLY TRAINED STAFF)

Temp	BP mmHg	Pulse b/min	SpO2/%	RR/b/min	Height Cm	Weight Kg	BMI	RBS mg/hg
12	21	12	2	23	167	54	24	42

PHYSICAL EXAMINATION (TO BE COMPLETED BY EXAMINING PHYSICIAN)

Body Systems	Check for	Normal	Abnormal
General Appearance	Marked overweight, tremor, signs of alcoholism problem drinking or drug abuse	✓	
1. Eyes/ Pupils	Pupillary equality, reaction to light, accommodation, ocular muscle movement, nystagmus, exophthalmos, retinopathy, cataract, glaucoma	✓	
2. Ear, Nose and Throat	Tympanic membrane, occlusion of external canal, perforated eardrums, irregular deformities of the throat likely to interfere with swallowing		✗
3. Teeth	U 1 3 4 5 6 7 8 9 10 11 12 14 L 30 28 26 25 24 23 22 21 20 19 18 16	✓	
4. Lungs/ Chest	Abnormal chest wall expansion, abnormal respiratory rate, abnormal, wheezing, rales, crackles, cyanosis		✗
5. Cardiovascular	Irregular heart sounds, murmurs, pacemaker		✗
6. Abdomen	Enlarged liver, enlarged spleen, masses, bruits, hernia	✓	
7. Genitourinary system	Hernia orifices, hydroceles, external genital lesions	✓	
8. Musculoskeletal	Flaccidity		✗
9. Skin	Rashes		✗
10. Varicose Veins	Reticular veins, spider veins, varicose nodes, edema, trophic ulcer	✓	
11. Neurological	Impaired equilibrium, decreased power, coordination of speech pattern, asymmetric deep tendon reflexes, sensory or positional abnormalities, abnormal reflexes		✗
12. Extremities	Loss or impairment of limbs, weakness, paralysis, clubbing, edema	✓	

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DESCRIPTIONS	Comments/Reason
DIAGNOSIS	<ul style="list-style-type: none"> 1. Urine Test 2. B20 <p>gdfhjk</p>
INVESTIGATION	<ul style="list-style-type: none"> 1. Test investigation <p>gdfhjk</p>
TREATMENT / PROCEDURE	<ul style="list-style-type: none"> 1. Treatment view 2. OPD For kidney stone <p>gdfhjk</p>
FIT TO WORK STATUS	rubyinyui
FOLLOW-UP	2025-02-26

Physician's Signature:	Ritik
Physician's Name:	Ritik
Date of Birth (DD/MM/YYYY):	15-03-2001