



One-2-One CAMBODIA

CLINICAL OBSERVATION

Date:/...../.....

Location:

PATIENTS'S PRIMARY DATA

Name: _____	Sex: ____	Age: ____	Single <input type="checkbox"/>	Married <input type="checkbox"/>
Address: _____		Tel: _____		

VITAL SIGNS

BP:	mmHg
PR:	bpm
PR:	cmn
T°:	°c
Wt:	Kg
Ht:	cm
Last de-worming tablet:	

PATIENTS'S HISTORY

CC: _____

HPI: _____

PMH:

Medical HX	Yes	No
HTN		
DM		
Asthma		
h/o TB		
Hep A		
Hep B		
h/o Malaria		
HIV		
Other		

SH:

Screening	Yes	No
Tabacco		
ETOH		
Drug Use		
Other		

FEMALE ONLY

LMP Date :		
Pregnant		
Breast Feeding		
Contraceptive Use		

Drug H: _____

Allergy: _____

FH: _____

ROS: _____

PHYSICAL EXAMINATION

CLINICAL DIAGNOSIS _____**TREATMENT: Medication:**

Refer to Nursing Team Yes ☐ No ☐

ADVICE

FOLLOW UP _____**Consultant**

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Date:/...../.....

CC: _____

HPI: _____

PMH: _____

DH _____

ROS: _____

BP: mmHg

PR: bpm

PR: cmn

T°: °c

Wt: Kg

Ht: cm

Last de-worming tablet:

PHYSICAL EXAMINATION**CLINICAL DIAGNOSIS** _____**TREATMENT: Medication:**

Refer to Nursing Team Yes ☐ No ☐

ADVICE

FOLLOW UP _____**Consultant**

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