

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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