



“As a personal Information Collector, Universidad de Zamboanga (UZ) respects your privacy, rights, and freedom. The University is committed to protect and respect your personal information. Your personal information will be handled with the utmost confidentiality.”

PATIENT CONSULTATION RECORD

PATIENT INFORMATION			
Student/Employee ID No:			Date and Time:
Last Name:	First Name:	Middle Name:	Age:
Birthdate:		Civil Status:	Sex:
Address:		Department/Course:	Contact No.:
Name of Guardian:		Relationship:	Contact No.:
Chief complaints/Reasons for Consultation:			
MEDICAL HISTORY			
Allergy: Specify: _____	Hypertension Diabetes	Asthma: Last Attack: _____	Others: Specify: _____
VITAL SIGNS			
TIME:	TIME:	WEIGHT:  HEIGHT:  BMI:	LAST MENSTRUAL PERIOD: (For Female Only)
BP:	BP:		
HR:	HR:		
RR:	RR:		
TEMP:	TEMP:		
O2 SAT:	O2 SAT:		
DIAGNOSIS:			
NURSE ON DUTY:		PHYSICIAN ON DUTY:	