

SAFETY, HEALTH, AND ENVIRONMENT DEPARTMENT

HEALTH SERVICES – MAIN CAMPUS

Ground Floor, Edificio Academico Building, Don Toribio Street, Tetuan, Zamboanga City 7000 (63)(62) 991-1135 Local 202

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PATIENT CONSULTATION RECORD

TAILERT CONCOLLATION 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:	Hypertension	Asthma:	Others:
Specify:	Diabetes	Last Attack:	Specify:
VITAL SIGNS			
TIME: BP: HR: RR: TEMP: O2 SAT: DIAGNOSIS:	TIME: BP: HR: RR: TEMP: O2 SAT:	WEIGHT: HEIGHT: BMI:	LAST MENSTRUAL PERIOD: (For Female Only)
NURSE ON DUTY:		PHYSICIAN ON DUTY:	