



# MOUNT ALVERNIA MEDICAL ADMISSION NOTES

Name:

RN:

ROOM No.

Age:

Sex:

Wd:

Dr:

Reason For Admission:

Known Drug Allergies:

Present Illness/Complaint:

Past Medical History:

Family Medical History:

Physical Examination

Provisional Diagnosis:

Investigations on Admission:

Treatment

• Laboratory

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• Radiology

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• ECG

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• Others

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Nature of Surgery:

Date / Time /  
Booked: \_\_\_\_\_ Hrs

**Dr Charles Bih-Shiou TSANG**  
MBBS(S'pore), FRCS(Edinburgh), FRCS(Glasgow),  
MMed(Surgery), MS(Exp Surgery), FAMS(Surgery)  
Senior Consultant  
Colorectal Surgeon  
MCR: 04892H  
Colorectal Clinic Associates  
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SIGNATURE

DATE