Patient Name: ______________________________

MR #:_____________________________________

Creek General Hospital (Multidisciplinary form)

Initial Assessment Form (to be filled for initial patients only)

For the Department of General Surgery (to be filled by Doctor

Date: ___________________ Weight: ___________________ (Kg) Pulse: _____________/min.

BP_________ mmHg Temperature: ___________ C Respiration _____________________ / min

Patient Age (Yrs.) __________ Marital status ___________ Outpatient ☐ Inpatient admission ☐ Patient at risk of fall Y/N	Allergies Yes ☐ No ☐ if yes please specify _____________ _____________________________ History of blood transfusion Y/N HEP B or C positive Y/N	**Primary Physician Name & Designation** ________________________________ ________________________________ ________________________________

PRESENTING COMPLAINTS & HISTORY OF PRESENT ILLNESS

SYSTEMIC REVIEW

- ☐ loss of appetite
- ☐ Dysphagia
- ☐ Hematemesis
- ☐ Heartburn
- ☐ Nausea
- ☐ Vomiting
- ☐ Diarrhea
- ☐ Constipation
- ☐ Melena
- ☐ Abdominal pain
- ☐ Painful defecation
- ☐ Burning micturition
- ☐ Hematuria
- ☐ Loss of weight
- ☐ Heat or cold intolerance
- ☐ Lymph node swelling

PAST MEDICAL & SURGICAL HISTORY:

HISTORY OF PREVIOUS SURGERIES

CURRENT MEDICATIONS	YEAR	NAME & HOSPITAL

FAMILY HISTORY: ____

____

OBSTETRIC & MENSTRUAL HISTORY: ____

GENERAL PHYSICAL EXAMINATION: ____________________

ABDOMINAL EXAMINATION: ____________________

RESPIRATORY EXAMINATION: ____________________

CARDIOVASULAR EXAMINATION: ____________________

PER RECTAL /PROSATE EXAMINATION ____________________

BREAST EXAMINATION (In females): ____________________

NEUROLOGICAL EXAMINATION ____________________

PROVISIONAL DIAGNOSIS: ____________________

JOINT EXAMINATION	Right	Left

INVESTIGATIONS: ____________________

TREATMENT PLAN:

Follow up after ____________________Days / week/ months

Referral ☐ Outpatient Specialized Clinic ______________ ☐ Inpatient Admission ☐ others___________

Signature of Doctor ______________________ Designation: ___________________________________

Date: ______________________________ Time: ________________