



ATTENDING PHYSICIAN REPORT

Patient's Name:	Gender:	Age:
OPD Treatment Date:	Admission Date:	Discharge Date:

For Illness

1. Date you first saw the patient for this illness.....
2. Chief complaint and duration of symptoms.....
3. In your opinion, how long have these symptoms persisted for this illness.....

For accident

1. Date & time of accident.....
2. Date & time you first saw this patient
3. Cause of accident, nature of wound and injured organs.....
4. Estimated time to recovery.....

Pertinent clinical findings (symptoms & signs)

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Underlying diseases

Investigations/ pathological studies

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Diagnosis (Including principle/underlying condition/ complication: please rank from the most important diagnosis to the lesser ones)

- 1..... ICD10:.....
- 2..... ICD 10:.....
- 3..... ICD 10:.....
- 4..... ICD 10:.....

Treatment

Surgery..... ICD 9:.....

Result of treatment

Possibility of recurrence?

.....

Was the injury/ illness contributed to or influenced by any of following:

- a. Physical defects / congenital anomaly No Yes
- b. Degenerative change(s) No Yes
- c. Pregnancy or Infertility No Yes
- d. Alcohol or drugs No Yes
- e. HIV No Yes

If the answer is "Yes", please specify.....

Has the patient ever been treated by others doctors before?

Past History	Date & Nature of Sickness/Injury	Diagnosis	Treatment	Name and Address of Attending Physician

Other Comments.....

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Date

Attending Physician's Name

Medical License Number

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