



PATIENT HEALTH RECORDS STATEMENT OF PATIENTS STATEMENT OF PATIENTS STATEMENT OF PATIENTS

Name of the patient: _____
 Address: _____
 Date of birth: _____
 Sex: _____
 Religion: _____
 Occupation: _____

Medical history: _____
 Present illness: _____
 Past history: _____
 Family history: _____
 Social history: _____
 Personal history: _____
 Physical examination: _____
 Laboratory investigations: _____
 Radiological investigations: _____
 Pathological investigations: _____
 Therapeutic management: _____
 Prognosis: _____
 Remarks: _____

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