ATTENDING PHYSICIAN'S REPORT

Patient's name ……**Sex**…… **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……...

Pertinent clinical findings (symptoms & signs)

……..
……..
Underlying diseases…….
Investigations/ pathological studies
……
……
Diagnosis (Including principle/underlying condition/ complication: please rank from the most important diagnosis to the lesser ones)
1……ICD 10……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. Pregnant 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 other doctors before?……...

Past History

Date	Nature of ailments	Diagnosis	Treatment	Name and address of attending physician
……	……	……	……	……
……	……	……	……	……

For accident: Estimated time for recovery ……
Other comments ……

…… …….... ……...

Date **Attending Physician's name** **Medical license number**