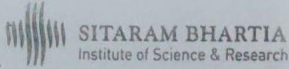


Annexure: 1 Doctors Initial Assessment Record in the patient file

 Patient Label

DOCTORS INITIAL ASSESSMENT RECORD – PAEDIATRIC

ADMISSION THROUGH Emergency OPD IPD

KNOWN ALLERGIES: _____

CHIEF COMPLAINTS WITH DURATION

HISTORY OF PRESENT ILLNESS

HISTORY OF PAST ILLNESS

	Type	Year and Month	Result
Surgery	_____	_____	_____
Trauma / Medical	_____	_____	_____
Others	_____	_____	_____

BIRTH HISTORY

DEVELOPMENTAL HISTORY

IMMUNIZATION HISTORY

SIGNIFICANT FAMILY HISTORY

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