

High Risk Group and Patients with special needs assessment

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Discharge Planning

Estimated length of stay

Discharge needs (education, equipment, etc)

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Resident physician name:

Signature:

To be filled by attending physician

Expected outcome

- Complete remission of the current illness
- Symptomatic treatment and stabilization of chronic illness
- Complete remission of the current illness with possibility of re-occurrence due to the nature of disease
- Needs several admissions and cyclic treatment with possible many complications in the future
- Unstable disease with giving all offers to improve patient's quality of life in the future coming days
- Others:

reviewed patient's current condition and I defined the expected outcome according to my knowledge, these information were delivered and discussed with the patient

reviewed the admission note and plan of care and I approve it.

Attending physician name:

Signature:

مستشفى مارينا الاهلي

Patient ID Label

Admission Notes

Date: Time: AM PM

Chief Complain

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Pain Assessment Location:

Do you feel any pain? Yes No

No pain 0 1 2 3 4 5 6 7 8 9 10 Sever pain

Numeric Pain Scale

Use for adult and Children (>7 years)

History

History of present illness

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Past medical and surgical history

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Obstetrics and gynecology history (Female Only)

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Family history

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Vaccination history

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Social and economic history

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Allergies and adverse medication reactions, if any

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Drug history and current medications

1. 6.
 2. 7.
 3. 8.
 4. 9.
 5. 10.

Physical Examination

Temperature °C Pulse /min Respiratory rate /min

Bp / mmHg

General condition

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Targeted system physical exam

Head and neck

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Chest

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Cardiovascular

.....

Abdomen

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Musculoskeletal

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Neurology

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Genitourinary

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Other

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Recent laboratory investigations and radiology tests (if any)

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Initial / Preoperative diagnosis and assessment

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Overall Assessment

General

Respiratory

Cardiovascular

Gastrointestinal

Genitourinary

Musculoskeletal

Neurosensory

Other

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