



# ETERNAL HOSPITAL Sanganer



**Dr. Diwanshu Khatana**  
MBBS, MD (Gen. Medicine)  
Consultant - Internal Medicine  
Reg. No. 40602/15859

Mrs. MONIKA MEENA  
40022226 Oct 21 2024 9:32AM  
33 Yrs/Fem OPSCR24-25/2444  
Dr. EHS CONSULTANT  
8003088087

Provisional Diagnosis:

Drug Allergy:

Complaints:

Medication Advice:

Pain:  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Ch* *wt gain*  
*F3*

Physical Examination:

Pallor : Yes/No Icterus : Yes/No  
Cynosis : Yes/No Edema : Yes/No  
Lymphadenopathy : Yes/No

①. *ELTROXIN*  
*- 25 mg 100*

②. *CEM*  
*100*

Systemic Examination:

CVS : \_\_\_\_\_

CNS : \_\_\_\_\_

Respiratory System :

GI System : \_\_\_\_\_

Skin : \_\_\_\_\_

Investigation:

*Serum B12*

*2 months*  
*Del*

Follow up:

Diet Advice:  Normal  Low Fat  Diabetic  Renal  Low Salt



# ETERNAL HOSPITAL

## Sanganer



### DEPARTMENT OF CARDIOLOGY

UHID / IP NO	40022226 (42048)	RISNo./Status :	4058526/
Patient Name :	Mrs. MONIKA MEENA	Age/Gender :	33 Y/F
Referred By :	Dr. EHS CONSULTANT	Ward/Bed No :	OPD
Bill Date/No :	21/10/2024 9:32AM/ OPSCR24-25/24443	Scan Date :	
Report Date :	21/10/2024 2:00PM	Company Name:	Final

REFERRAL REASON: HEALTH CHECKUP

### 2D ECHOCARDIOGRAPHY WITH COLOR DOPPLER

#### M MODE DIMENSIONS: -

		Normal		Normal
IVSD	9.9	6-12mm	LVIDS	25.4
LVIDD	39.4	32-57mm	LVPWS	15.0
LVPWD	9.9	6-12mm	AO	28.1
IVSS	14.5	mm	LA	33.5
LVEF	60-62	>55%	RA	-

#### DOPPLER MEASUREMENTS & CALCULATIONS:

STRUCTURE	MORPHOLOGY	VELOCITY (m/s)				GRADIENT (mmHg)	REGURGITATION
MITRAL VALVE	NORMAL	E	1.14	e'	-	-	NIL
		A	0.73	E/e'	-		
TRICUSPID VALVE	NORMAL	E	0.56		-	NIL	
		A	0.53				
AORTIC VALVE	NORMAL	1.35				-	NIL
PULMONARY VALVE	NORMAL	0.81				-	NIL

#### COMMENTS & CONCLUSION: -

- ALL CARDIAC CHAMBERS ARE NORMAL
- NO RWMA, LVEF 60-62%
- NORMAL LV SYSTOLIC FUNCTION
- NORMAL LV DIASTOLIC FUNCTION
- ALL CARDIAC VALVES ARE NORMAL
- NO EVIDENCE OF CLOT/VEGETATION/PE
- INTACT IVS/IAS

IMPRESSION: - NORMAL BI VENTRICULAR FUNCTIONS

DR SUPRIY JAIN  
MBBS, M.D., D.M. (CARDIOLOGY)  
DIRECTOR & INCHARGE  
CARDIOLOGY

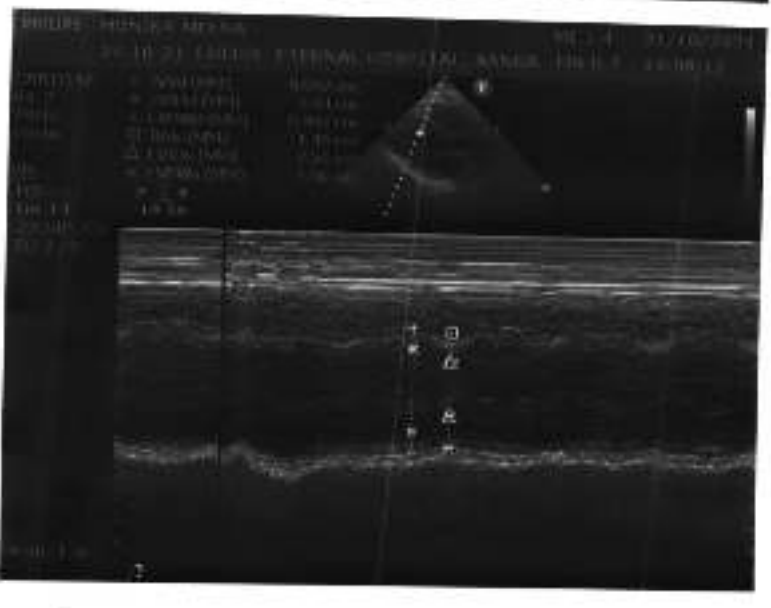
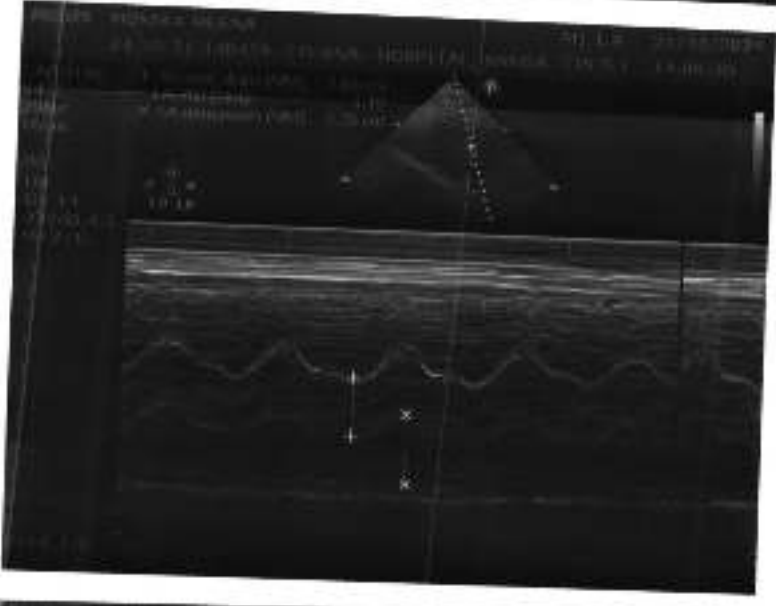
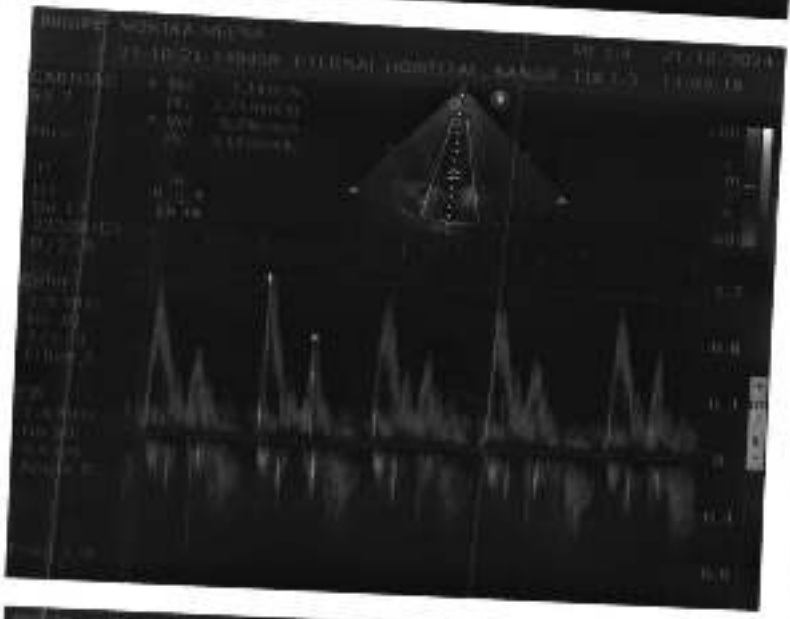
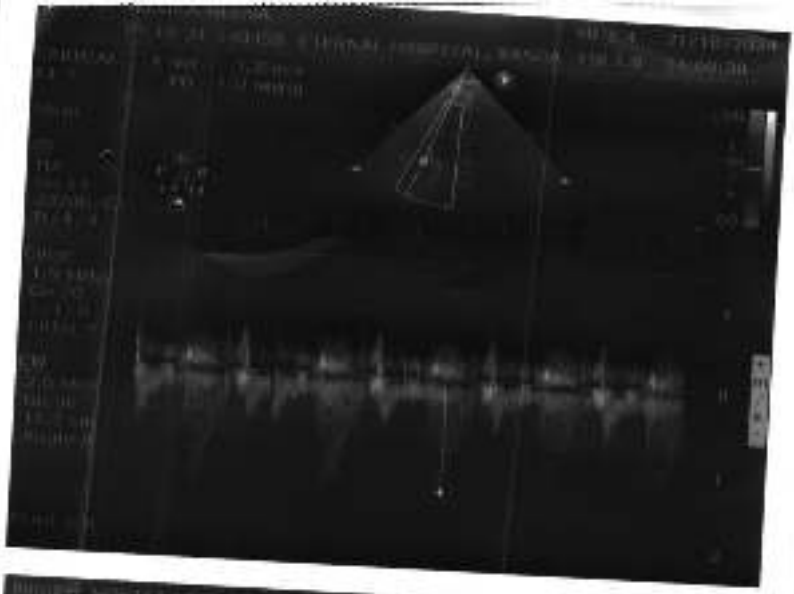
DR MEGHRAJ MEENA  
MBBS, SONOLOGIST  
FICC, CONSULTANT  
PREV. CARDIOLOGY &  
INCHARGE CCU

DR ROOPAM SHARMA  
MBBS, PGDCC, FIAE  
CONSULTANT & INCHARGE  
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CARDIOLOGY(NIC) & WELLNESS  
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### DEPARTMENT OF RADIO DIAGNOSIS

UHID / IP NO	40022226 (42048)	RISNo./Status :	4058526/
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Bill Date/No :	21/10/2024 9:32AM/ DPSCR24-25/24443	Scan Date :	
Report Date :	21/10/2024 10:49AM	Company Name:	Mediwheel - Arcofemi Health Care Ltd.

#### ULTRASOUND STUDY OF WHOLE ABDOMEN

- Liver:** Normal in size & echotexture. No obvious significant focal parenchymal mass lesion noted. Intrahepatic biliary radicals are not dilated. Portal vein is normal.
- Gall Bladder:** Lumen is clear. Wall thickness is normal. CBD is normal.
- Pancreas:** Normal in size & echotexture.
- Spleen:** Normal in size & echotexture. No focal lesion seen.
- Right Kidney:** Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.
- Left Kidney:** Normal in shape, size & location. Echotexture is normal. Corticomedullary differentiation is maintained. No evidence of significant hydronephrosis or obstructive calculus noted.
- Urinary Bladder:** Normal in size, shape & volume. No obvious calculus or mass lesion is seen. Wall thickness is normal.
- Uterus:** Normal in size, shape & anteverted in position. Endometrial thickness is normal. Endometrial cavity is empty. No mass lesion is seen. **Cervix is mildly bulky with few nabothian cysts.**
- Both ovaries:** Bilateral ovaries are normal in size, shape & volume.
- Others:** Mild free fluid is seen in POD.

**IMPRESSION:** USG findings are suggestive of

- Mildly bulky cervix with few nabothian cysts - ? chronic cervicitis.
- Mild free fluid in POD.

Correlate clinically & with other related investigations.

**DR. APOORVA JETWANI**  
Incharge & Senior Consultant Radiology  
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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. MONIKA MEENA	Lab No	4058526
UHID	40022726	Collection Date	21/10/2024 9:53AM
Age/Gender	33 Yrs/Female	Receiving Date	21/10/2024 10:01AM
IP/OP Location	O-OPD	Report Date	21/10/2024 11:54AM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	8003088087		

#### BIOCHEMISTRY

Test Name	Result	Unit	Biological Ref. Range	Sample: FI, Plasma
<b>BLOOD GLUCOSE (FASTING)</b>				
BLOOD GLUCOSE (FASTING)	96.1	mg/dl	71 - 109	
Method: Hexokinase assay. Interpretation: Diagnosis and monitoring of treatment in diabetes mellitus and evaluation of carbohydrate metabolism in various diseases.				

#### THYROID T3 T4 TSH

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
T3	1.400	ng/mL	0.970 - 1.690	
T4	9.70	ug/dl	5.53 - 11.00	
TSH	4.62 H	µU/ml	0.27 - 4.20	

T3:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation: The determination of T3 is utilized in the diagnosis of T3-hyperthyroidism the detection of early stages of hyperthyroidism and for indicating a diagnosis of thyrotoxicosis factitia.

T4:- Method: ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation: The determination of T4 assay employs a competitive test principle with an antibody specifically directed against T4.

TSH - THYROID STIMULATING HORMONE :- ElectroChemiluminescence ImmunoAssay - ECLIA

Interpretation: The determination of TSH serves as the initial test in thyroid diagnostics. Even very slight changes in the concentrations of the free thyroid hormones bring about much greater opposite changes in the TSH levels.

#### LIVER FUNCTION TEST

Test Name	Result	Unit	Biological Ref. Range	Sample: Serum
BILIRUBIN TOTAL	0.20	mg/dl	0.00 - 1.20	
BILIRUBIN INDIRECT	0.12 L	mg/dl	0.20 - 1.00	
BILIRUBIN DIRECT	0.08	mg/dl	0.00 - 0.30	
SGOT	18.6	U/L	0.0 - 32.0	
SGPT	15.4	U/L	0.0 - 33.0	

RESULT ENTERED BY : SUNIL EHS

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Dr. ABHINAY VERMA

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#### BIOCHEMISTRY

TOTAL PROTEIN	6.9	g/dl	6.6 - 8.7
ALBUMIN	4.3	g/dl	3.5 - 5.2
GLOBULIN	2.6		1.8 - 3.6
ALKALINE PHOSPHATASE	74	U/L	35 - 104
A/G RATIO	1.7	Ratio	1.5 - 2.5
GGTP	12.0	U/L	0.0 - 40.0

**BILIRUBIN TOTAL** :- Method: DPO assay. Interpretation:-Total Bilirubin measurements are used in the diagnosis and treatment of various liver diseases, and of hemolytic and metabolic disorders in adults and newborns. Both obstructive disease to hepatocellular obstructive.

**TRUBIN DIRECT** :- Method: Diazo method interpretation:-Determinations of direct bilirubin measure mainly conjugated, water soluble bilirubin.

**SGOT - AST** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGOT(ASP) measurements are used in the diagnosis and treatment of certain types of liver and heart disease.

**SGPT - ALT** :- Method: IFCC without pyridoxal phosphate activation. Interpretation:-SGPT(ALT) Ratio Is Used For Differential Diagnosis In Liver Diseases.

**TOTAL PROTEINS** :- Method: Biuret colorimetric assay. Interpretation:-Total protein measurements are used in the diagnosis and treatment of a variety of liver and kidney diseases and bone marrow as well as metabolic and nutritional disorders.

**ALBUMIN** :- Method: Colorimetric (BCP) assay. Interpretation:-For diagnosis and monitoring of liver diseases, e.g. liver cirrhosis, nutritional status.

**ALKALINE PHOSPHATASE** :- Method: Enzymatic assay according to IFCC. Interpretation:-Elevated serum ALT is found in hepatitis, cirrhosis, obstructive jaundice, carcinoma of the liver, and chronic alcohol abuse. ALT is only slightly elevated in patients who have an uncomplicated myocardial infarction.

**GGTP-GAMMA GLUTAMYL TRANSPEPTIDASE** :- Method: Enzymatic colorimetric assay. Interpretation:-gamma-glutamyl transaminase is used in the diagnosis and monitoring of hepatobiliary disease. Enzymatic activity of GGT is often the only parameter with increased values when testing for such diseases and is one of the most sensitive indicators known.

#### LIPID PROFILE

TOTAL CHOLESTEROL	174.2		<200 mg/dl :- Desirable 200-240 mg/dl :- Borderline >240 mg/dl :- High
HDL CHOLESTEROL	64.2		High Risk :- <40 mg/dl (Male), <40 mg/dl (Female) Low Risk :- >=60 mg/dl (Male), >=50 mg/dl (Female)
LDL CHOLESTEROL	111.9		Optimal :- <100 mg/dl Near or Above Optimal :- 100-129 mg/dl Borderline :- 130-159 mg/dl High :- 160-189 mg/dl Very High :- >190 mg/dl
CHOLESTERO VLDL	15	mg/dl	10 - 50

RESULT ENTERED BY : SUNIL EHS

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IP/OP Location	O-OPD	Report Date	21/10/2024 11:54AM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	8003088087		

#### BIOCHEMISTRY

TRIGLYCERIDES	77.9		Normal : <150 mg/dl Border line: 150 - 199 mg/dl High : 200 - 499 mg/dl Very high : > 500 mg/dl
CHOLESTEROL/HDL RATIO	3	%	

**CHOLESTEROL TOTAL** :- Method: CHOD-PAP enzymatic colorimetric assay. **Interpretation**:-The determination of the individual total cholesterol (TC) level is used for screening purposes while for a better risk assessment it is necessary to measure additionally lipid & lipoprotein metabolic disorders. **HDL CHOLESTEROL** :- Method:homogenous enzymatic colorimetric method. **Interpretation**:-HDL-cholesterol has a protective against coronary heart disease, while reduced HDL-cholesterol concentrations, particularly in conjunction with elevated triglycerides, increase the cardiovascular disease. **LDL CHOLESTEROL** :- Method: Homogenous enzymatic colorimetric assay. **Interpretation**:-LDL play a key role in causing and influencing the progression of atherosclerosis and in particular coronary sclerosis. The LDL are derived from VLDL rich in by the action of various lipolytic enzymes and are synthesized in the liver. **CHOLESTEROL VLDL** :- Method: Vant  
Calciative

**TRIGLYCERIDES** :- Method: GPO-PAP enzymatic colorimetric assay. **Interpretation**:-high triglyceride levels also occur in various diseases of liver, kidneys and pancreas. DM, nephrosis, liver obstruction. **CHOLESTEROL/HDL RATIO** :- Method: Cholesterol/HDL Ratio Calculative

UREA	16.60	mg/dl	16.60 - 48.50	Sample: Serum
BUN	8	mg/dl	6 - 20	
CREATININE	0.59	mg/dl	0.50 - 0.90	
SODIUM	139	mmol/L	136 - 145	
POTASSIUM	3.83	mmol/L	3.50 - 5.50	
CHLORIDE	106.0	mmol/L	98 - 107	
URIC ACID	3.5	mg/dl	2.4 - 5.7	
CALCIUM	8.68	mg/dl	8.60 - 10.00	

RESULT ENTERED BY : SUNIL EHS

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### ETERNAL HOSPITAL MEDICAL TESTING LABORATORY

Patient Name	Mrs. MONIKA MEENA	Lab No	4058526
UHID	40022225	Collection Date	21/10/2024 9:53AM
Age/Gender	33 Yrs/Female	Receiving Date	21/10/2024 10:01AM
IP/OP Location	O-OPD	Report Date	21/10/2024 11:54AM
Referred By	Dr. EHS CONSULTANT	Report Status	Final
Mobile No.	8003088087		

#### BIOCHEMISTRY

**CREATININE - SERUM** :- Method:-Jaffe method, Interpretation:-To differentiate acute and chronic kidney disease.  
**URIC ACID** :- Method: Enzymatic colorimetric assay. Interpretation:- Elevated blood concentrations of uric acid are renal diseases with decreased excretion of waste products, starvation, drug abuse and increased alcohol consume.  
**SODIUM** :- Method: ISE electrode. Interpretation:-Decrease: Prolonged vomiting or diarrhea, diminished reabsorption in the kidney and excessive fluid retention. Increase: excessive fluid loss, high salt intake and kidney reabsorption.  
**POTASSIUM** :- Method: ISE electrode. Interpretation:-Low level: Intake excessive loss fourthly due to diarrhea, vomiting renal failure. High level: Dehydration, shock severe burns, UKA, renal failure.  
**CHLORIDE - SERUM** :- Method: ISE electrode. Interpretation:-Decrease: reduced dietary intake, prolonged vomiting and reduced renal reabsorption as well as forms of acidosis and alkalosis. Increase: dehydration, kidney failure, some form of acidosis, high dietary or parenteral chloride intake, and polyuria poisoning.  
**UREA** :- Method: Urease/GLDH kinetic assay. Interpretation:-Elevations in blood urea nitrogen concentration are seen in im. acute renal perfusion, shock, diminished blood volume, chronic nephritis, nephrosclerosis, tubular necrosis, gl. glomerulonephritis and UTI.  
**CALCIUM TOTAL** :- Method: O-Crosslphthalaine complexone. Interpretation:-Increase in serum PTH or vit-D are usually associated with hypercalcemia. Increased serum calcium levels may also be observed in multiple myeloma and other neoplastic diseases. Hypocalcemia may be observed in hypoparathyroidism, nephrosis, and pancreatitis.

Sample: WHOLE BLOOD EDTA

HBA1C	5.1	%	< 5.7% Nondiabetic
			5.7-6.4% Pre-diabetic
			> 6.4% Indicate Diabetes
			Known Diabetic Patients
			< 7% Excellent Control
			7-8% Good Control
			> 8% Poor Control

**Method** :- Turbidimetric inhibition immunoassay (TINIA). **Interpretation**:-Monitoring long term glycaemic control, testing every 3 to 4 months is generally sufficient. The approximate relationship between HbA1C and mean blood glucose values during the preceding 2 to 3 months.

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#### CLINICAL PATHOLOGY

Test Name	Result	Unit	Biological Ref. Range	
<u>URINE SUGAR (RANDOM)</u>				Sample: Urine
URINE SUGAR (RANDOM)	NEGATIVE		NEGATIVE	
Sample: Urine				
<b>PHYSICAL EXAMINATION</b>				
VOLUME	20	ml		
COLOUR	PALE YELLOW		P YELLOW	
APPEARANCE	CLEAR		CLEAR	
<b>CHEMICAL EXAMINATION</b>				
PH	6.5		5.5 - 7.0	
SPECIFIC GRAVITY	1.015		1.016 - 1.022	
PROTEIN	NEGATIVE		NEGATIVE	
SUGAR	NEGATIVE		NEGATIVE	
BILIRUBIN	NEGATIVE		NEGATIVE	
BLOOD	NEGATIVE			
KETONES	NEGATIVE		NEGATIVE	
NITRITE	NEGATIVE		NEGATIVE	
UROBILINOGEN	NEGATIVE		NEGATIVE	
LEUCOCYTE	NEGATIVE		NEGATIVE	
<b>MICROSCOPIC EXAMINATION</b>				
WBCS/HPF	1-2	/hpf	0 - 3	
RBCS/HPF	0-0	/hpf	0 - 2	
EPITHELIAL CELLS/HPF	1-2	/hpf	0 - 1	
CASTS	NIL		NIL	
CRYSTALS	NIL		NIL	
BACTERIA	NIL		NIL	
OHTERS	NIL		NIL	

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Methodology:-Glucose: GOD-POD, Bilirubin: Diazo-coupling reaction with a diazonium, Ketone: Nitro Prusside reaction, Specific Gravity: Proton release from ions, Hbmd: Pseudo-Peroxidase activity on Hbch moiety, pH: Methylw Red-Bromothymol Blue (Double indicator system), Protein: H+ Release by buffer, microscopic & chemical method.. Interpretation: Diagnosis of Kidney function, HT, Presence of Protein, Glucose, Blood. Vocabulary syntax: Nil insert.

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#### HEMATOLOGY

Test Name	Result	Unit	Biological Ref. Range
Sample: WHOLE BLOOD EDTA			
HAEMOGLOBIN	11.5 L	g/dl	12.0 - 15.0
PACKED CELL VOLUME(PCV)	35.2 L	%	36.0 - 46.0
MCV	92.1 H	fl	82 - 92
MCH	30.1	pg	27 - 32
MCHC	32.7	g/dl	32 - 36
RBC COUNT	3.82	millions/cu.mm	3.80 - 4.80
TLC (TOTAL WBC COUNT)	6.42	10 <sup>3</sup> /uL	4 - 10
<b>DIFFERENTIAL LEUCOCYTE COUNT</b>			
NEUTROPHILS	71.4	%	40 - 80
LYMPHOCYTE	22.6	%	20 - 40
EOSINOPHILS	0.6 L	%	1 - 6
BASOPHIL	0.3 L	%	1 - 2
MONOCYTES	5.1	%	2 - 10
PLATELET COUNT	2.14	lakh/cumm	1.500 - 4.500

**HAEMOGLOBIN** :- Method: Hb Hemoglobin Methodology by Cell Counter. Interpretation: Low-Anemia, High-Polycythemia.  
**MCV** :- Method:- Calculation by Sysmex.  
**MCH** :- Method:- Calculation by Sysmex.  
**MCHC** :- Method:- Calculation by Sysmex.  
**RBC COUNT** :- Method:-Hydrodynamic focusing. Interpretation:-Low-Anemia, High-Polycythemia.  
**TLC (TOTAL WBC COUNT)** :- Method:-Optical Detector block based on Flowcytometry. Interpretation:-High-Leucocytosis, Low-Leucopenia.  
**NEUTROPHILS** :- Method: Optical detector block based on Flowcytometry  
**LYMPHOCYTES** :- Method: Optical detector block based on Flowcytometry  
**EOSINOPHILS** :- Method: Optical detector block based on Flowcytometry  
**MONOCYTES** :- Method: Optical detector block based on Flowcytometry  
**BASOPHIL** :- Method: Optical detector block based on Flowcytometry  
**PLATELET COUNT** :- Method:-Hydrodynamic focusing method. Interpretation:-Low-Thrombocytopenia, High-Thrombocytosis.  
**HCT**: Method:- Pulse Height Detection. Interpretation:-Low-Anemia, High-Polycythemia.  
**NOTE:** CR- CRITICAL HIGH, CL: CRITICAL LOW, L: LOW, H: HIGH

ESR (ERYTHROCYTE SEDIMENTATION RATE) 30 H mm/1st hr 0 - 15

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Mobile No.	8003088087		

Method: Modified Wastergrens.  
Interpretation: Increased in infections, nephritis, and malignancy.

**\*\*End Of Report\*\***

RESULT ENTERED BY : SUNIL EHS

(A Unit of Eternal Care Foundation)  
Near Airport Circle Sangner, Jaipur - 302011 Rajasthan (India)  
Phone:- 0141-3120000  
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**Disclaimer :** This is Radiological/Pathological impression and not the final diagnosis. It should be correlated with relevant clinical data & investigation. Not Valid for Medico-Legal purpose. Subject to Jaipur Jurisdiction only.



# ETERNAL HOSPITAL

## Sanganer



**Dr. Satyamvada Pandey**  
 Associate Director - Obstetrics & Gynaecology  
 MBBS, DGO, DNB (Obstetrics & Gynaecology)  
 Reg. No. 37858/14456

Date & Time: 21/10/24  
 Patient Name: Mrs. Meena Meena  
 Age / Gen: 33 yrs.  
 UHID:

Provisional Diagnosis:

for health check

Drug Allergy: NADA

Complaints:

Dyspareunia.

Uep. 1/10/24

Reg. N/A flows

Physical Examination:

Pallor: Yes/No Icterus: Yes/No  
 Cyanosis: Yes/No Edema: Yes/No  
 Lymphadenopathy: Yes/No

Systemic Examination:

CVS: ] (N)  
 CNS: ]

Respiratory System:

GI System:

Skin:

Investigation:

Pap smear.

Medication Advice:

P<sub>2</sub>L<sub>2</sub>  
 LCB - Syn. Bac.  
 NVD

NO amp med / surg illness.

O/E P/A - soft  
 P/S - ex vag health / slight mucoid disch.  
 (Pap smear taken)

P/V - w. R/V. belly, mobile / NT. B/E forces free.

Adv.

- ① Tb Doxy LBS 100mg 1x BD
  - ② Tb Pantop 40mg 1x OD
  - ③ Tb ~~Eurofem~~ 1x BD
- } 7 days  
 } 5d.

Follow up: (N) FAB kit - for husband.

Diet Advice:  Normal  Low Fat  Diabetic  Renal  Low Salt

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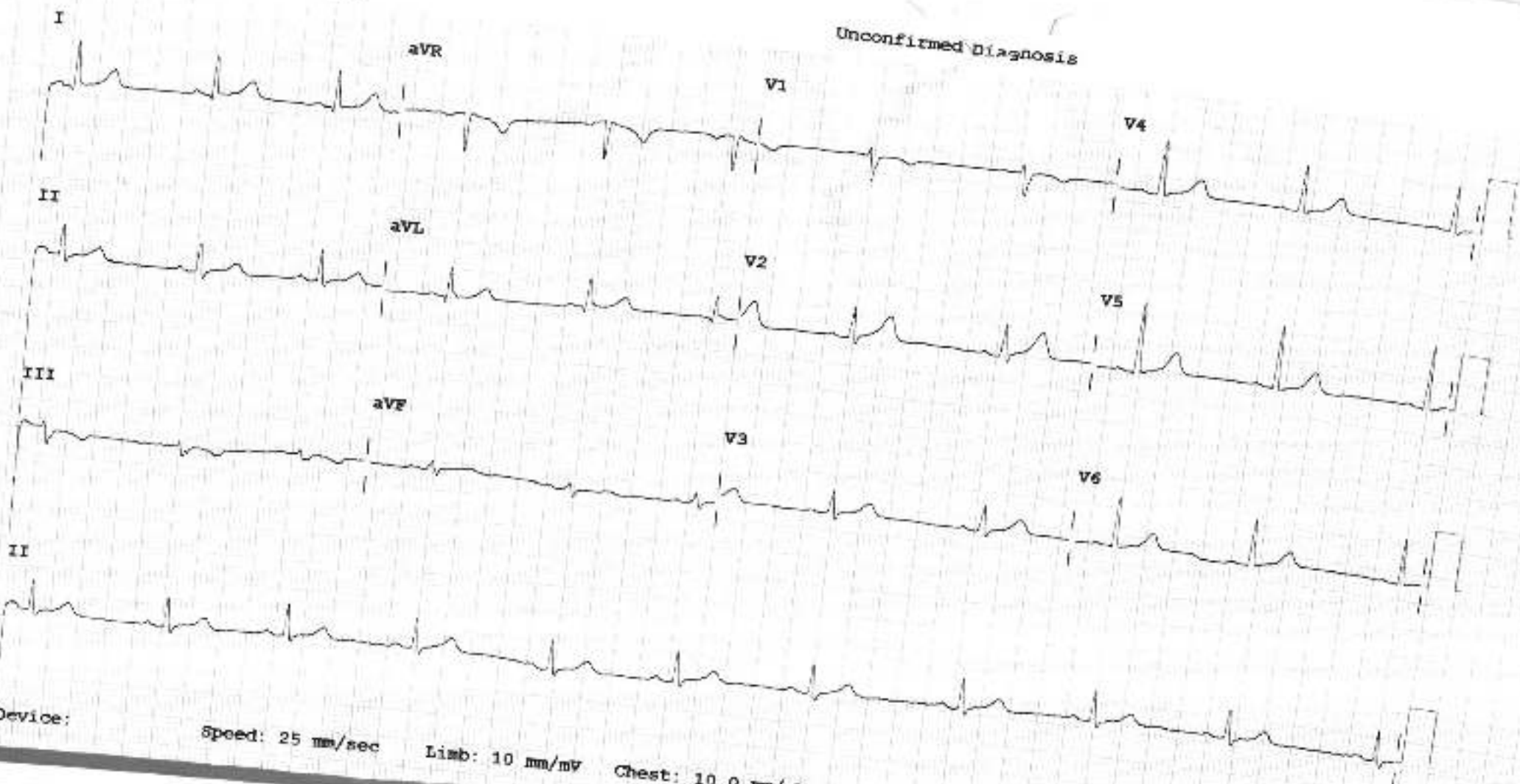
QT 379  
QTc 383

--AXIS--

P 16  
QRS 4  
T 9

12 Lead: Standard Placement

Unconfirmed Diagnosis



Device:

Speed: 25 mm/sec

Limb: 10 mm/mV

Chest: 10.0 mm/mV

At-W CE

P 50- 0.50- 40 Hz W

PH100B CL

P2



Pat  
UH  
Ag

Mrs. MONIKA MEENA  
40022226 Oct 21 2024 9:32AM  
33 Yrs/Fem OP&CR24-25/2444  
Dr. EHS CONSULTANT  
930066057

**OUT-PATIENT / DAYCARE - INITIAL ASSESSMENT FORM**

Chief Complaints: medicinal fall body parting

Communicable disease (if any): NO

Vital Sign: SpO2: 96% Pulse: 64 BP: 113/78 Height:          cms Weight: 64.8 Kgs

Allergies:  Yes  No If yes specify: NOT KNOWN

Psychosocial:  
Alcohol Intake: NO Substance abuse: NO Smoking: NO

Do you have any special religious, spiritual or cultural needs to be considered?  Yes  No

Pain:  Yes  No Onset:          Location:          Duration:          Aggravation with:           
Characteristic: Sharp/ Dull/ Aching/ constant/ intermittent/ pressure/ tightness/ squeezing/ heavy  
Pain Score: 0/10 Pain Scale Used NRS

If pain score is more then 3 then inform to pain nurse  Yes  No

**Nutritional Screening:**  
Last 3 months appetite  Increased  Decreased  No Change  
Last 3 months Weight  Increased  Decreased  No Change  
Type of Patient  Diabetic  Non Diabetic Type of Diet Normal diet

<b>Fall Risk Screening Adult:</b>		<b>Fall Risk Screening Pediatric:</b>	
<input checked="" type="checkbox"/> Age more than 65 years	<input checked="" type="checkbox"/> History fall in last 6 Months	<input type="checkbox"/> H/O Fall in last 6 Months	<input type="checkbox"/> Neurological Pain
<input checked="" type="checkbox"/> Walks with assistance	<input checked="" type="checkbox"/> Any neurological problem	<input type="checkbox"/> Dearranged Mobility	<input type="checkbox"/> No Sign

*In case of 3 or more criteria met initiate detailed fall assessment & fall prevention protocol.*

Gestational Age - LMP:          EDD:          Oedema: Yes/No  NA

In case of emergency person to contact (Name / Phone No):  
1. Self 2.           
Name:          Sign:          Emp-Id: 1165 Date: 21/10/24 Time: 4:35