

HOSPITAL TRAINING-CASE DATA SHEET

PATIENT NAME

AGE

SEX

DATE OF ADMISSION (D.O.A):

WEIGHT

HEIGHT

BMI

CHIEF COMPLAINT (CC)

HISTORY OF PRESENT ILLNESS

PAST MEDICAL HISTORY

PAST SURGICAL HISTORY

MEDICATION HISTORY

<u>Medication</u>	<u>Indication</u>	<u>Dose</u>	<u>Frequency of dosing</u>	<u>Day started</u>

DRUG ALLERGY

SOCIAL HISTORY

REVIEW OF OTHER SYSTEMS (R O S):

-CNS:

- CVS:

- GIT:

-RS:

- GUT:

VITAL SIGNS:

On admission:	BP:	HR:	PR:	RR:	TEMP.
On day 1:	BP:	HR:	PR:	RR:	TEMP.
On day 2:	BP:	HR:	PR:	RR:	TEMP.
On day 3:	BP:	HR:	PR:	RR:	TEMP.
On day 4:	BP:	HR:	PR:	RR:	TEMP.

INVESTIGATION

- LAB DATA:

<u>Laboratory test</u>	<u>Value</u>	<u>Reference range</u>	<u>Date</u>

-OTHERS (U/S ,ECG):

DIAGNOSIS:

TREATMENT _____.

<u>Medication</u>	<u>Dose</u>	<u>Frequency of dosing</u>	<u>Day started</u>	<u>Day stopped</u>

Clinical progress _____ MORNING TOUR _____ NIGHT TOUR

Pharmaceutical care plans

Day	Care issue	Action

