**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Medication**  | **Indication**  | **Dose**  | **Frequency of dosing** | **Day started**  |
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**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:**

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| **Laboratory test** | **Value**  | **Reference range** | **Date**  |
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**-OTHERS (U/S ,ECG):**

**DIAGNOSIS:**

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**TREATMENT .**

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| **Medication**  | **Dose**  | **Frequency of dosing** | **Day started**  | **Day stopped**  |
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 **Clinical progress MORNING TOUR NIGHT TOUR**

**Pharmaceutical care plans**

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| **Day** | **Care issue** | **Action**  |
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