

GEN. J. CAILLES MEMORIAL DISTRICT HOSPITAL

Brgy. Tavera, Pakil, Laguna

DATE AND TIME OF VISIT:

DATE :

TIME :

HEALTH RECORD NUMBER:

TYPE OF SERVICE:

OPD RECORD

PATIENT'S NAME: _____

Last Name

First Name

Middle Name

ADDRESS : _____

TELEPHONE NO. : _____

BIRTHDATE : _____

AGE : _____

STATUS : _____

SEX : _____

OCCUPATION : _____

COMPANY : _____

REFERRAL : _____

CONSULTING DOCTOR/SIGNATURE : _____

PATIENT'S CASE SUMMARY

VITAL SIGNS

HEIGHT: _____

WEIGHT: _____

TEMPERATURE: _____

PULSE : _____

BP: _____

RR: _____

PRESENT ILLNESS

CHIEF COMPLAINT

DIAGNOSIS

DATE AND TIME DISCHARGED IN OPD

DATE :

TIME :

DISPOSITION

Treated and Sent Home

For Admission

Refused Admission

Referred

Out When Called