

Affix Patient Identification Label

Department Of Dermatology

Affix Patient Identification Label

Outpatient Assessment Form

1. HISTORY

Chief complaint: _____

History of Present Illness

2. PAIN SCREENING NO PAIN PAIN

Pain Score "whenever applicable"

Location:Duration: _____

Character:Frequency:
.....

Pain Management Done No Yes

3. PAST MEDICAL, FAMILY AND SOCIAL HISTORY

Past Medical History
Family History
Social History

CURRENT MEDICATIONS .4

5. PHYSICAL EXAMINATION-

CONSTITUTIONAL

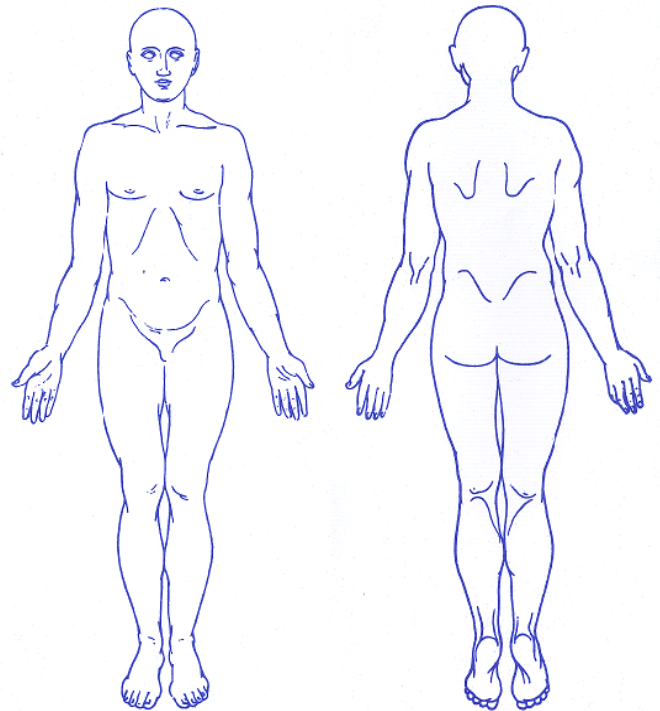
1. Vital Signs BP: _____ Temperature: _____ Respiratory rate: _____
Pulse – Rate _____ per/min, Rhythm _____, Weight _____ Height _____

2. General Appearance (e.g., development, nutrition, body habitus, deformities, attention to grooming)

(Please strike through if not applicable e.g. Pallor) Pallor/ Icterus/ Cyanosis/ Skin / Rash

SL		YES	NO	ABNORMAL FINDINGS
NO				

1	CONSTITUTIONAL			Affix Patient Identification Label	
	Record three vitals signs				Affix Patient Identification Label
	Well Developed, Well Nourished				
2	EXTREMITIES			ABNORMAL FINDINGS	
8	CARDIOVASCULAR	YES	NO		
	Digital cyanosis or clubbing				
3	Peripheral, edema, pulses intact				
	NEURO/ PSYCHIATRIC				
	Pulse recorded				
9	EAR/NOSE/MOUTH/THROAT				
	A & OX3				
4	EYES				
	Normal Oropharynx/ Oral Mucosa				
	Normal lips, teeth, gums & Tongue				
10	Normal conjunctivae & lids				
	MUSCULOSKELETAL				
5	Joints/ Muscle Normal				
	NECK				
	Thyromegaly, nodules or masses				
6	LYMPHADENOPATHY				
	€ Neck € Axillae € Groin				
7	GASTROINTESTINAL				
	Anal condylomata or lesions				



SKIN	YES	NO
Normal scalp and body hair		
Normal nail		
Inspection and/or palpation of skin & subcutaneous tissue(e.g. rash, lesions, ulcers, (susceptibility to & presence of photo damage Need EIGHT out of TEN for comprehensive .exam		
• Head and face are normal		
• Neck is normal		
• Chest, breast, Axillae are normal		
• Abdomen is normal		
• Genitalia, Groin, buttocks are normal		
• Back is normal		
Abnormal Findings:		
• Right upper extremity is normal		
• Left upper extremity is normal		
• Right lower extremity is normal		
• Left lower extremity is normal		

6. **PROVISIONAL DIAGNOSIS/ FINAL DIAGNOSIS**

7. **TREATMENT PLAN**

1. Investigation Planned

Affix Patient Identification Label

Affix Patient Identification Label

2. Main Lines of Treatment

3. Hospitalization Required – YES NO; If **YES**, Estimated length of stay: _____

Doctor's Sign

Doctor's Stamp	
Date:	Time: H