



**PATIENT RECORD**

E. No.....

Date.....

**General Information:**

Name ..... M / F Age.....

Patient ID No. ....

Address .....

Occupation .....

Other Details .....

**Previous History:**

<b>Medical Treatment</b>	<b>Surgical Treatment</b>
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**Present details:**

Diagnosis .....

Physical findings (O/E) .....

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Investigation Report (*Give Brief Details of findings only*)

1. ....

2. ....

3. ....

**Treatment Details:**

**Medical Treatment**

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**Details of Surgery**

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**Physiotherapy treatment Given**

Modalities.....

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Exercises.....

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Special test .....

**Facts to remember.....**

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