

V.O.CHIDAMBARANAR PORT TRUST HOSPITAL

BHARATHI NAGAR

TUTICORIN - 628 004

Ward & Bed No.

MEDICAL CASE SHEET

I.P. NO.

Name & Address

Age/ Sex:

Basic Pay:

Date of discharge:

Diagnosis:

Cell / Phone No:

Designation & Employee No.

Result:

Date of Admission:

Signature of Duty Doctor

Complaint and duration :

History of present illness:

Past history/Previous illness:

Personal History / Habits (diet, alcohol, etc.)

Family History:

AUTHORISATION FOR ADMISSION, EXAMINATION AND OTHER PROCEDURES

To be filled by the Patient or his Representative

____ Permission is hereby granted to admit the / patient for the performance of any diagnostic examination, Biopsy, Transfusion or operation and for the administration of any anaesthetics as may be deemed advisable in the course of his Hospitalisation.

SIGNATURE OF PATIENT / RELATIVE

THUMB IMPRESSION

INVESTIGATIONS

Urine: Albumin	:	Blood Urea	.....	mgms%							
Sugar	:	Blood Sugar (F)	.....	mgms%							
Deposits:		(PP )	.....	mgms%							
Bile Salts	:	Serum cholesterol	.....	mgms%							
		HDL	.....	mgms%							
Motion - Ova / cyst	:	LDL	.....	mgms%							
Occult Blood	:	TGL	.....	mgms%							
Blood - TC	.....	Cells / Cumn									
DC: P %	L %	E %	M %	S	S	erum Creatine	mgms%
ESR : / ½ hr		Blood Grouping & Rh typing								
 / 1 hr		Bleeding Time	 Mints							
Hb : gms %		Clotting Time	 Mints							

Other Investigations

Date: Time :	PROGRESS OF THE CASE	Doctor's prescription

Date :

PROGRESS OF THE CASE

Doctor's Prescription

Time:

R_x