



Bureau of Corrections

Document Reference Code
NBP-PR-008-F066

Revision No.
0

Effectivity Date
01/05/2018

MEDICAL RECORD EXAMINATION SHEET

Page 1 of 1

MEDICAL RECORD EXAMINATION SHEET

Date: _____ Time: _____

Name: _____	Age: _____	Sex: _____
Prison No: _____	Ward: _____	

Chief Complaint: _____

HISTORY OF PRESENT ILLNESS:

Past Medical History:

- HPN DM CA BA Hepatitis Heart Disease
 Allergy Previous Hospital/Operations Others

Family History:

- HPN DM CA BA Hepatitis Others

Personal Social History:

Age of Marriage: _____ Educational Attainment: _____
Occupation: _____ Vices: _____

PHYSICAL EXAMINATION:

General Appearance: _____

Vital Signs: BP HR RR Temp
 Weight Height BMI= $\frac{\text{Weight (kg)}}{\text{Height (cm}^2\text{)}}$

Skin: _____

EENT: _____

Chest/Lungs: _____

Heart: _____

Abdomen: _____

Extremities: _____

ADMITTING IMPRESSION:

PHYSICIAN