Sri Sathya Sai Palliative Care Center - Puttaparthi

**First Admission - Assessment Form**

**Patient Name/Age/Gender: Patient ID:**

Address :

Phone No: 1) 2) Aadhar No:

Primary Caregiver: Decision Maker:

Patient Education Financial Status:

**Referred From:** Religion:

**Primary Diagnosis:** Other Comorbidities:

Medical History: Personal History:

**Presenting Symptoms with their History:**

**History of Treatment:** RT: CT: Surgery:

**Family map** కుటుంబ పటం (encircle in dotted - - - - - - line those staying with Patient):

| ◻**Male** పురుషుడు ◯ **Female** స్త్రీ | ⬛ ⚫ Patient రోగి | ⭙ No More దివంగత |
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**Latest Relevant Investigations:**

| **Admit Date/Time** | **Admit Reason** | **Outcome (Discharged, LAMA, Death)** | **Outcome Date/Time** |
| --- | --- | --- | --- |
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**Systemic Examination**

**Skin and Wound Examination:**

**Respiratory System:**

**Cardiovascular System:**

**Gastrointestinal System:**

**Urogenital System:**

**Neuromuscular and Skeletal System:**

**Psychosocial issues as seen by Doctor:**

**Goals of and Management Plan**

**Attending Nurse Signature of Doctor**