Sri Sathya Sai Palliative Care Center - Puttaparthi

**Homecare First Visit Form**

Date, Time: \_ \_ / \_ \_ \_ / \_ \_ \_ \_ , \_ \_ / \_ \_ Patient ID:

Patient Name/Age/Gender:

Address :

Landmark:

Phone No: 1) 2) Aadhar No:

Asha Worker/Phone: ANM/Phone:

| **Diagnosis** |  | **Other Comorbidities** |  |
| --- | --- | --- | --- |

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

| ◻**Male** పురుషుడు ◯ **Female** స్త్రీ | ⬛ ⚫ Patient రోగి | ⭙ No More దివంగత |
| --- | --- | --- |
|  |

Primary Caregiver:

Socio Economic Status: Rich/Middle Income/Poor/Very Poor

History of Treatment: RT: CT: Surgery:

Current Medication List వాడుకలో ఉన్న మందులు:

|  | 1.2.3. |
| --- | --- |

Clinical Notes (Complaints):

Pain Mapping: Shade the figure where the patient feels pain / Mark as X where it hurts

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