Sri Sathya Sai Palliative Care Center - Puttaparthi First Admission - Assessment Form

Patient Name/Age/G	ender:	Patient ID:		
Address: Phone No: 1) Primary Caregiver: Patient Education Referred From:	2)	Aadhar No: Decision Maker: Financial Status: Religion:		
Primary Diagnosis: Medical History: Presenting Symptor	ns with their History:	Other Comorbidities: Personal History: :		
History of Treatmen	t: RT: CT:	Surgery:		
Family map కుటుంబ క	పటం (encircle in dotted	I line those sta	ying with Patient):	
□ Male పురుషుడు () Female స్త్రీ	🔳 🌑 Patient ซึก	୭ No More ದಿವಂಗత	
Latest Relevant Inve	estigations:			
Admit Date/Time	Admit Reason	Outcome	Outcome	

Admit Date/Time	Admit Reason	Outcome (Discharged, LAMA, Death)	Outcome Date/Time

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

Signature of Doctor

Attending Nurse