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