

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

<input type="checkbox"/> Male పురుషుడు <input type="radio"/> Female స్త్రీ	<input type="checkbox"/> <input type="radio"/> Patient రోగి	<input type="checkbox"/> No More దివంగత

Primary Caregiver:

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

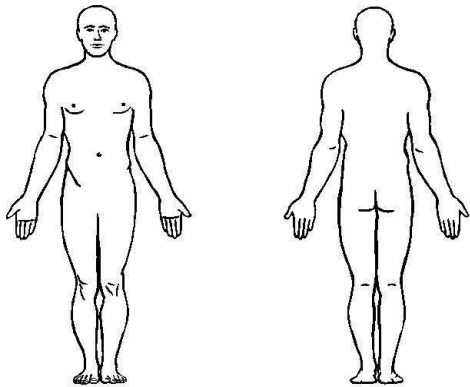
History of Treatment: RT: CT: Surgery:

Current Medication List వాడుకలో ఉన్న మందులు:

	1. 2. 3.
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Clinical Notes (Complaints):

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

	
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