Dr. LEILA H. MEDICAL CENTRE W.L.L

مركز د. ليلى حامد الطبي ذ.م.م

OUTPATIENT ASSESSMENT FORM

DATE: 07/05/2023 TIME: 14:15

File No: 036597

Name: Bashair Alhaji Sex : F Nationality: Q Age: 28

Occupation: ..... LCB ..... Marital Status : S

QID. No: 29468200282 Husband's / Wife's Name: .....

Address: Bani Hajer Mobile No: 55888059 Residence Phone: .....

Pulse	BP	Temperature	Respiratory Rate:	Weight Height	Pain Score	Head Circum (Pedia)	Nurse ID/Signature

Presenting complain and duration : 7/5/2023

Fine lanugo hair on back of neck, upper arms and back not responding to Laser. hair removal.

Dr. Hoda Moneib

History of Present Illness : .....

Recommendations : Carbon Laser (Q switch YAG)

Allergies: ☐ Medication ☐ No ☐ Yes ☐ Food ☐ No ☐ Yes

Others If Yes, Specify: .....

Past History (Medical / Surgical / Psychological): ☐ No ☐ Yes If Yes Specify .....

Review Of Systems: ☐ Not Significant ☐ Significant_Specify: .....

Family History: ☐ No ☐ Yes If Yes Specify .....

Current Medications: ☐ No ☐ Yes If Yes Specify

1. ..... 4. ..... 7. .....

2. ..... 5. ..... 8. .....

DATE	FOLLOW UP	NEXT VISIT
24.2.24	1/2 CHEST, 1/2 BACK, 1/2 ARMS HAIR BLEACHING SPECTRA LASER.	