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

مركز د. ليلى حامد الطبي ذ.م.م

OUTPATIENT ASSESSMENT FORM

DATE: Feb-25.2024 TIME: 18:45

File No: 038175

Name: Aisha Hamad Sex : F Nationality: Q Age: 39

Occupation: LCB Marital Status : marri

QID. No: 284 634 01333 Husband's / Wife's Name: Khalid Salim Elhajri

Address: Alrayan Mobile No: 33144434 Residence Phone:

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

Presenting complain and duration :

History of Present Illness :

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

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2. 5. 8.

File No.: 038175 Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CI
File No: 038175
NAME:AISHA HAMAD A H AL MARRI
ID NO:28463401333 SEX: FEMALE
MOB: 33144434 ADDRESS:AL RAYYAI

Age: 39
Marital Status: 15/4/15.
Husband's Name: Khalid Salem Alhajri
Mobile Phone: Residence Phone:

SYMPTOMS: came as she thought Pregnt.
NO Complaints - long time use of COCs

Medical History: HTN on tt P.H. NA sig/sx F.H. HTN+DM

MENSTRUAL HISTORY:

Menarche: 14 Y.S L.N.M.P 14.12.2023
Menstrual Habits: Regular every 30days For 5 days
Menstrual Symptoms: mild dysmenorrhea Menopause:
Parity: P 5 Abortion 0 Ectopic LCB 7 Y.S

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EXAMINATION

General Examination: Ht. 157 cm Wt. 66.4 Kg BMI Kg/m² Bp 110/70 mm Hg T-36,2°C RR-20 PR-82
Well - cooperative

Chest, C.V.S. NAD

Abdomen: Soft - NT tender - Abdomeno Plasty SCar

Breasts: Normal

PELVIC EXAMINATION:

Speculum Exam. / NT done
Bimanual Exam.
Rectal Exam.

Investigation Requested: - BhCG -ve

Diagnosis: Delayed Period First Episode - Unovulatory cycle -

Plan of Management: For withdrawal Bleed BHCG- Negative & counselled For long term contraception. She will think & Come back.

Next Appointment:

DR. LEILA H. MEDICAL CENTER W.L.L.
Tel. 44817651/ 44817652 - Fax: 44812796
Al Salam Street - North Muaither
Villa No.: 80 & 82

مركز د. ليلى حامد الطبي ذ.م.م.
تليفون: ٤٤٨١٧٦٥١/ ٤٤٨١٧٦٥٢ - فاكس: ٤٤٨١٢٧٩٦
شارع السلام - معيذر الشمالي
فيلا رقم : ٨٠ و ٨٢

Prescription وصـفـة طبـيـة

№

Date: 23. 1. 2024 :التاريخ

Patient's name: Aisha Hamad :إسم المريض

File No.: 038175 :رقم الملف

Age: 39 yrs. / irregular Period :العمـر

℞

Duphaston tabs 10mg
[illegible]
[illegible]

Doctor's signature: [signature]

Email: dr.leilamedcenter@gmail.com
Mobile: 55868523