



OUTPATIENT ASSESSMENT FORM

DATE: 30 NOV 2019 TIME: _____

File No: 027 092

Name: Aldeghaim Saleh Sex: F Nationality: Q Age: 37

Occupation: _____ LCB: _____ Marital Status: _____

QID. No: 28263403493 Husband's / Wife's Name: _____

Address: Alsilayn Mobile No: 55028511 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

1. _____ 4. _____ 7. _____

2. _____ 5. _____ 8. _____



File No.: 027092

Nationality: Q

GYNAECOLOGICAL SHEET

DR. LEILA HAMID MEDICAL CI

File No: 027092

NAME: ALDUGHEEM SALIH ABUSALAA

QID NO: 28263402493

MOB: 55028511

SEX: FEMALE

ADDRESS: ALSILYA

Age: 38 yrs

Marital Status: 19 yrs

band's Name: Abdulla Saeed Almarri

Mobile Phone: Residence Phone:

SYMPTOMS:

c/o: dysmenorrhea, urgency, urge incontinence
no vaginal discharge or itching.

Medical History:

NAD

P.H.

- Efc
- 5 c/s
- hysterectomy
PP 15 yrs

F.H.

DM
HTN

MENSTRUAL HISTORY:

Menarche: 12 yrs

L.N.M.P

Menstrual Habits: regular

stay 5 days

Menstrual Symptoms:

Menopause:

Parity: P 5

Abortion

Ectopic

LCB 14 yrs

♀

3

♂

2

3 - on the Efc

EXAMINATION

General Examination: Ht. cm Wt. 66 Kg BMI Kg/m² Bp 110/70 mm Hg

Neck: Normal

Chest, C.V.S.

Normal

Abdomen:

Normal

Breasts:

Normal

PELVIC EXAMINATION:

Speculum Exam.

Normal vaginal, e hear dry
looking cx e yellowish
not smelly discharge.

Bimanual Exam.

Rectal Exam.

Investigation Requested:

Diagnosis:

Δ UTI (cystitis) → symptomatic
+ vaginitis

Plan of Management:

Next Appointment:

21 - basic blood

**QCHP**المجلس القطري للمهنيين الصحيين
Qatar Council for Healthcare Practitioners

إجازة - "إجازة مرضية" "e-Jaza" - "Sick Leave"

Dr. LEILA H MEDICAL CENTER

Ref No. / Order Id : 5972498

Date : Dec 02, 2019

Patient Details**بيانات المريض**

QID / Passport No.

28263403493

رقم البطاقة الشخصية/ جواز السفر

Name

ALDEGHAIM SALEH H A ABUSALAA

الإسم

Place of Work

ASMA BINT YAZEED AL ANSARI SCHOOL

مكان العمل

Primary Diagnosis :**التشخيص المبدئي:**

SEVERE URINARY TRACT INFECTION.

Unfit For (1) day(s)

غير لائق لمدة (1) يوم/أيام

From 03/12/2019 to 03/12/2019

من 03/12/2019 إلى 03/12/2019

Practitioner Details**بيانات الممارس**

Name

Elaf Osman

الإسم

Licence No.

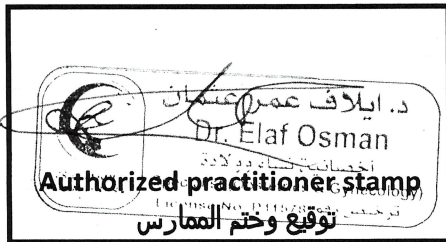
P11578

رقم الترخيص الطبي

Scope of Practice

Obstetrics & gynecology

نطاق العمل

**Notes**

- Certificate is valid only if it is signed and stamped by the concerned healthcare practitioner and facility
- Certificate is invalid if any corrections are made, Please scan QR Code for checking details.
- Certificate is issued at patient's request.
- Document number (QID/Passport no.) should correspond to the patient
- Residents and nationals should provide a QID no. otherwise sick leave is invalid.

Adagran
ID: 320 02-12-19 15:39
GLU NEGATIVE
BIL NEGATIVE
KET NEGATIVE
SG ≤ 1.005
BLO* TRACE-INTACT
PH 5.5
PRO NEGATIVE



وصفة طبية Prescription

No 12661

02 DEC 2019

Date: التاريخ:

Patient's name: اسم المريض: Abdulghafoor Salih

File No.: رقم الملف: 027092

Age: العمر: 38 years

UTI
infects

Rx

- Cefixime tabs 400mg
٤٠٠ ملجم ٤٠٠ ملجم
- Urinal cep's
كبسولة ٣ مرات في اليوم
- Dala cine vaginal pessary
قسطرة دلتا سين

Doctor's signature: