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

مركز د. ليلى حامد الطبي ذ.م.م

OUTPATIENT ASSESSMENT FORM

File No: 027092

DATE: 30 NOV 2019 TIME: ----------

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

Occupation: ~ LCB ~ Marital Status : ----------

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

Address: Alsilyn Mobile No: 55285511 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 SEX:FEMALE
MOB: 55028511 ADRESS: ALSILYA

Age: 38 yrs
Marital Status: 19 yrs
Husband's Name: Abdulla Saeed ALmarri
Mobile Phone: Residence Phone:

SYMPTOMS: c/o :- dysuria, urgency, urge incontinence
no vaginal discharge or itching.

Medical History: NAD P.H. - 5 cls - EJC - hysterectomy PP 15 yrs F.H. DM HTN

MENSTRUAL HISTORY:

Menarche: 12 yrs L.N.M.P
Menstrual Habits: Regular 5 days 5 days
Menstrual Symptoms: Menopause:
Parity: P 5 Abortion 1 (3 months EJC) Ectopic LCB 14 yrs

♀ 3 ♂ 2

EXAMINATION

General Examination: Ht. cm Wt. 66 Kg BMI Kg/m² Bp 110/70 mm Hg
Normal + Icteric / Coop.
Chest, C.V.S. Normal
Abdomen: Normal
Breasts: Normal

PELVIC EXAMINATION:

Speculum Exam. Normal vagina, c healthy looking cx c yellowish not smelly discharge.
Bimanual Exam.
Rectal Exam.

Investigation Requested:

Diagnosis: Δ UTI (cystitis) → symptomatic + urgency

Plan of Management:

Next Appointment:

QCHP
المجلس القطري للتخصصات الصحية
Qatar Council for Healthcare Practitioners

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

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

د. ايلاف عمر عثمان
Dr. Elaf Osman
Authorized practitioner stamp
توقيع وختم الممارس

Authorized facility stamp
ختم المنشأة

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.**

P Dagger

ID:
I20 00-12-19 15:39

GLU NEGATIVE
BIL NEGATIVE
KET NEGATIVE
SG <=1.005
BLO* TRACE-INTACT
pH 5.5
PRO NEGATIVE

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 وصفة طبية

№ 12661

Date: 02 DEC 2019 :التاريخ

Patient's name: Abdugheom Salih :إسم المريض

File No.: 027092 :رقم الملف

Age: 38 y/o Δ UTI vaginitis :العمر

Rx

- Cefixime tabs 400mg
حبه يوميا لمدة ٦ ايام
- Urinal caps
كبسوله ٣ مرات لمدة ٦ ايام

- Dalacine vaginal pessary
تحميله وقت النوم يوميا
لمدة اسبوع

Doctor's signature: [signature]

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