Dr. LEILA H. MEDICAL CENTRE W.L.L — مركز د. ليلى حامد الطبي ذ.م.م

OUTPATIENT ASSESSMENT FORM

File No: 038156

DATE: 18-1-2024 TIME: 15:00

Name: Haya Mohamed Sex: F Nationality: Q Age: 15

Occupation: LCB Marital Status: Single

QID. No: 30963400756 Husband's / Wife's Name:

Address: Um Qarn Mobile No: 55623432 Residence Phone:

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

Presenting complain and duration :

Itchy [illegible] Hair removal

History of Present Illness :

Unilateral

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

Hypertension Father
Sister DM

Current Medications: ☑ No ☐ Yes If Yes Specify

1. 4. 7.

2. 5. 8.

DATE	FOLLOW UP	NEXT VISIT
22-1-24	CONTINUATION: FULL BACK & HALF FACE HAIR REMOVAL CANDELA (18mm) ALEX F: 8 H2: 2.0 MS: 3	
3-2-24	FULL BODY C FRONT & BACK HAIR REMOVAL CANDELA (18mm) * RETOUCH Alex: F: 8 H_2: 2.0 MS: 3	