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

مركز د. ليلى حامد الطبي ذ.م.م

## OUTPATIENT ASSESSMENT FORM

DATE: March-3-2024 TIME: 18:25

File No: 038428

Name: MA Elena Hardog Sex : F Nationality: FIL Age: 48

Occupation: LCB Marital Status : married

QID. No: 274 608 19722 Husband's / Wife's Name:

Address: Abu nakhla Mobile No: 77875757 Residence Phone:

| Pulse | BP | Temperature | Respiratory Rate: | Weight<br>Height | Pain Score | Head Circum (Pedia) | Nurse ID/Signature |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

Presenting complain and duration : pain in the sole

History of Present Illness : since few month

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

Others If Yes, Specify:

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

she had an ~~ex~~ X-ray at Hamad's hospital, been told to be ex. by dermatologist.

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.