pharmadoo

2nd Floor West Gateway Complex
Brgy. San Rafael, Mandurriao, Iloilo City
consult@pharmadoo.com.ph

PATIENT DATA FORM *TO BE FILLED OUT BY MEDICAL CONSIERGE*											
PATIENT NAME						BIRTHDATE					
ADDRESS						AGE		SEX		CS	
CONTACT DETAILS											
HOME PHONE		CELLPHONE				EMAIL ADDRESS					
OCCUPATION		COMPANY				CONTACT No/s					
EMERGENCY CONTACT PERSON						CONTACT No/s					

PRE CONSULTATION CHECK LIST

INSERT SYMBOL ☑ to applicable boxes

CHIEF COMPLAINT		☑	**TYPE OF CONSULT**
			ANNUAL PHYSICAL EXAM FOLLOW UP
			TELEMEDICINE CONSULT

COVID CHECKLIST			
YES	**NO**	Any HISTORY OF TRAVEL in the last 2 weeks?	
		PLACE OF ORIGIN	
		DATE OF ARRIVAL	
		MODE OF TRANSPORT	
		AIRLINE/FLIGHT #	
		VESSEL/ SEAT #	
		BUS / SEAT #	
		ANY Close contact with a CONFIRMED CASE of COVID19 (Direct care/ same closed environment/ travelling together/ close proximity *within 1 meter) in the last 2 weeks?	
		ANY CO MORBID MEDICAL CONDITION?	
		Diabetes	
		Chronic Lung Disease	
		Chronic Heart Disease	
		Chronic Kidney Disease	
		Chronic Liver Disease	
		Neuro/Psychiatric Disease	
		Weak Immune System (Cancer, Pregnant, HIV-AIDS)	
		OTHERS: SPECIFY:	
		ANY of the following SYMPTOMS in the last 2 WEEKS?	
		Cough	
		Colds	
		Sore Throat	
		Body Malaise	
		Fever	
		Fatigue	
		Abdominal pain/ Loose Stools	

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☑	COVID WAIVER	
	WAIVER READ/ EXPLAINED (ENGLISH)	**I understand the importance of correct medical information and I hereby agree/consent to the processing/ use of the above personal information for whatever legal purposes it may serve. All information listed are true and I would be liable for violation of RA 11332 (Law on Reporting of Communicable Diseases) if found otherwise**
	WAIVER READ/ EXPLAINED (HILIGAYNON)	**Naintindihan ko ang importasya sang mga pamangot sa akun kag gina pamatud-an ko nga tanan ini matuod kag eksakto sa akun mahibaluan. Nahibaluan ko ang legal nga implekasyon sa paghatag sang sala nga impormasyon kag kun mapamatudan nga wala ako naga sugid sang tuod pwede ako makasuhan nahanungod sa RA 11332.**
	REVIEW OF RA 11332	**RA 11332: LAW ON REPORTING OF COMMUNICABLE DISEASES** **SECTION 9. PROHIBITED ACTS** b. Tampering of Records of Intentionally Providing misinformation; d. Non cooperation of persons and entities that should report and/or respond to notifiable diseases or health events of public concern
	SCREENSHOT RESPONSE	**SECTION 10. PENALTIES** Fine of P20,000 to P50,000 or imprisonment for 1 – 6 mos or both

☑	SYMPTOM CHECKER						
	Altered mental status		Dizziness		Hemetemesis		Palpitation
	Abdominal pain/cramp		Dysphagia		Hematuria		Seizure
	Anorexia		Dyspnea		Hemoptysis		Skin rash
	Bleeding gums		Dysurea		Irritability		Stools: loose/bloody/mucoid
	Body Weakness		Diarrhea		Jaundice		Sweating
	Blurring Vision		Epistaxis		LE Edema		Vomiting
	Chest Pain / Discomfort		Fever		Myalgia		Weight loss
	Constipation		Frequency in urination		Orthopnea		Others: _____
	Cough		Headache		Pain: _____		
	None						

☑	MEDICAL COMORBIDITIES
	Hypertension
	Diabetes/ other Metabolic Diseases
	Chronic Lung Disease
	Chronic Heart Disease
	Chronic Kidney Disease
	Chronic Liver Disease
	Neuro/Psychiatric Disease
	Weak Immune System (Cancer, Pregnant, HIV-AIDS)
	Person with Disability:
	Others: _____
	No Medical Comorbids

MAINTENANCE MEDICATIONS

GENERIC	BRAND	DOSAGE	FREQUENCY
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

	No Maintenance Medications

PREVIOUS HOSPITALIZATIONS AND SURGERIES

DIAGNOSIS	HOSPITAL	DATE/YEAR

	NONE

IMMUNIZATIONS

VACCINE	DOSAGE	SITE	DATE

	NONE

☑	FAMILY HISTORY	
	History of Cancer	TYPE/S:
	Cardiovascular Events	TYPE/S:
	Chronic Lung Disease	TYPE/S:
	Endocrine Disease	TYPE/S:
	Neuro/Psychiatric Diseases	TYPE/S:
	Others	TYPE/S:
	NONE	

☑	OBSTETRIC / GYNECOLOGIC AND SEXUAL HISTORY						
	PREGNANT	LMP		EDC			
	NOT PREGNANT	LMP		OB SCORE	G__p__(__,__,__,__)		
		MENARCHE		INTERVAL		PADS/DAY	
		COITARCHE		INTERVAL		PARRTNER/S	
		MENOPAUSE					

☑	SYMPTOM CHECHER	☑	SYMPTOM CHECHER	☑	SYMPTOM CHECHER
	Regular Monthly period		Change of color or consistency of VAGINAL discharge/s		Change of color or consistency of URETHRAL discharge/s
	Irregular period		Urinary Frequency		Urinary Frequency
	Dysmenorrhea		Bleeding		Bleeding
			Pain		Pain
	Others: _____		Others: _____		Others: _____
	NONE		NONE		NONE

☑	SUBSTANCE HISTORY				
	ALCOHOL INTAKE	TYPE		AMOUNT/DAY	
	CIGARETTE or TABACCO USE (PACK YEAR/S:)	TYPE		AMOUNT/DAY	
	MEDICAL NARCOTICS	TYPE		AMOUNT/DAY	
	ILLICIT DRUG/S	TYPE		AMOUNT/DAY	

PERSONAL SOCIAL HISTORY			
☑	NATURE OF WORK:	☑	HANDEDNESS:
	Clerical/ Officework		Right Handed
	Field work		Left Handed
	Business Process Outsources (BPO)		Ambidextrous
	Manual Labor		

☑	TELEMEDICINE CONSENT AND WAIVER	
	WAIVER READ/ EXPLAINED (ENGLISH)	I, _____ hereby consent to undergo Medical Consultation under Dr _____ under Pharmadoo Medical Group Inc. ***consent form***
	WAIVER READ/ EXPLAINED (HILIGAYNON)	Conforme: **s**
	REVIEW OF RA 11332	
	SCREENSHOT RESPONSE	

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PATIENT NARATIVE RECORD
To be filled out by MD in CHARGE

HISTORY OF PRESENT ILLNESS

PAST MEDICAL HISTORY

PHYSICAL EXAMINATION		
PARAMETER	**CHECKLIST**	**FINDINGS**
GENERAL SURVEY AND VITAL SIGNS	☐ General observation ☐ Measure pulse, both radial arteries ☐ Rate ☐ Rhythm ☐ Measure respiratory rate ☐ Measure blood pressure ☐ Examine hands, fingers, nails	BP CR RR T O2 WT LT BMI
HEAD AND NECK	☐ Observation face, head, neck & scalp ☐ Palpation lymph node, parotid and salivary gland regions Assess auditory acuity ☐ Ear: external and internal (otoscope) Nose ☐ Observation, nares/mucosa (otoscope) Oropharynx: ☐ Inspect w/light from otoscope & tongue depressor ☐ Inspect teeth & salivary gland ducts ☐ Thyroid: Observation, palpation	
EYE EXAM	☐ Observe external eye structures – lid, sclera, pupil ☐ Visual acuity ☐ Extra-ocular movements (CN 3, 4, 6)	
PULMONARY	Observation and Inspection ☐ General observation of breathing Palpation ☐ Assess chest excursion ☐ Assess tactile fremitus Percussion ☐ Percuss Auscultation ☐ Air entry and Lung fields	

CARDIOVASCULAR	☐ Observation & Palpation ☐ Inspect precordium (PMI), other contours ☐ Palpation ☐ Murmurs ☐ Carotid artery palpation and auscultation ☐ Internal Jugular vein palpation and auscultation	
ABDOMEN	Observe & inspect abdomen ☐ Shape, scars, color, symmetry, protrusions Auscultation ☐ Bowel sounds ☐ Bruits Percussion ☐ Percuss all quadrants ☐ Liver span Palpation ☐ Palpate all quadrants	
EXTREMETIES	Observe & inspect abdomen ☐ Scars, skin color Palpate ☐ Masses, deformities ☐ Pulses ☐ Range of Motion ☐ Neurosensory deficits	
NEUROLOGIC EXAM	Higher Cognitive Function ☐ Level of consciousness ☐ Orientation to time, place, person and situation ☐ Attention – subtract 7 from 100 ☐ Memory ☐ Abstract thinking- similarity and difference between orange and ball ☐ CRANIAL NERVES ☐ DEEP TENDON REFLEXES	
MENTAL STATUS EXAM	☐ Mood- as described by patient ☐ Affect- observed by examiner *congruent or incongruent ☐ Speech ☐ Thought process- linear, goal directed or circumstantial, tangential, disorganized ☐ Thought content- delusions, suicidal or homicidal ideations/intent/plan ☐ Insight- good, partial, poor ☐ Judgment	

ASSESSMENT

COVID 19 CASE STATUS AND CLASSIFICATION (*TO BE FILLED OUT BY MD IN CHARGE IF NECESSARY*)					
☑	CASE STATUS	☑	CONDITION	☑	STATUS
	UNCLASSIFIED		MILD		ADVISED HOME QUARANTINE
	SUSPECT		MODERATE		ADVISED FACILITY QUARANTINE
	PROBABLE		SEVERE		ADVISED HOSPITAL QUARANTINE
	CONFIRMED				
	NON-COVID				

DATE OF VISIT: :___/___/__ __ MD in Charge: _____

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PLANS AND RECOMMENDATION

GENERATION OF E PRESCRIPTION

GENERIC	BRAND	DOSAGE	AMOUNT (pcs)	INSTRUCTION
1				
2				
3				
4				
5				

☑	DIAGNOSTICS IMAGING	☑	SPECIAL DIAGNOSTICS IMAGING
	CHEST XRAY PA VIEW		CT SCAN: (Area) _____
	CHEST XRAY (PA/LAT)		Plain
	OTHER VIEWS: _____		Contrast
	SPECIAL VIEWS:_____		
			MRI: (Area) _____
	ULTRASOUND:		Plain
	WHOLE ABDOMINAL		Contrast
	OTHERS: _____		OTHERS: _____

GENERATION OF DIAGNOSTICSREQUEST FORM

HIGHLIGHT ALL LABS THAT APPLY

HEMATOLOGY
- Complete Blood Count (CBC)
- CBC/Platelet
- CT/BT
- Platelet Count
- Hemoglobin
- Hematocrit
- ESR (Western)
- Reticulocyte Count
- Peripheral Blood Smear

COAGULATION
- Prothrombin Time (PT)
- Activated Partial Thromboplastin Time (APTT)

CLINICAL MICROSCOPY
- Routine Urinalysis
- Routine Fecalysis
- Fecal Occult Blood

BACTERIOLOGY
- Gram Stain
- Culture and Sensitivity
- AFB
- KOH

SEROLOGY and BLOOD BANKING
- Serum Pregnancy Test
- HbsAg (Qualitative)
- Anti Hbs (Qualitative)
- Anti HCV (Qualitative)
- Anti HAV (Qualitative)
- Salmonella Typhi IgG/ IgM
- Dengue NS1/ IgG/IgM
- Anti Streptolysin (ASOT)
- C-Reactive Protein (CRP)
- Rheumatoid Factor
- RPR/VDRL
- Anti HIV
- ABO Rh Blood Typing

CLINICAL CHEMISTRY
- RBS
- FBS
- Cholesterol
- Trigycerides
- Lipid Profile
- Uric Acid
- BUN
- Creatinine
- SGPT
- SGOT
- Alkaline Phosphatase
- TPAG

CLINICAL CHEMISTRY *CONT*
- Serum Sodium (Na)
- Serum Potassium (K)
- Serum Calcium (Ca)
- Ionized Calcium
- Amylase
- LDH
- HbA1c
- Creatinine Clearance
- OGTT
- OGCT

SPECIAL TESTS:
- CA 125
- TPSA
- T3
- T4
- TSH
- TROPONIN I
- COVID RAPID TEST IgG/ IgM

OTHER DIAGNOSTICS
- 12 L ECG
- 15 L ECG
- 2D ECHO
- ARTERIAL DUPPLEX
- VENOUS DUPPLEX

☑	FOLLOW UP	☑	REFERRAL	☑	RECOMMENDATION
	FOLLOW UP W/ DIAGNOSTIC RESULTS DATE: ___/_____/_____ TIME: ____ AM/PM		SUBSPECIALTY CONSULT SUBSPECIALTY: _____		FIT TO WORK
	SPECIAL INSTRUCTIONS:		HOSPITAL CONSULT		PERIOD OF HEALING: _____ DAYS

MD IN CHARGE:		DATE	