ANNEXURE II
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PROFORMA FOR PATIENT INVESTIGATION

OPD NUMBER:

NAME:

AGE:

SEX:

ADDRESS:

OCCUPATION:

GENERAL INFORMATION FROM PATIENT:

B.P:

HEIGHT:

WEIGHT:

BMI:

DURATION OF HYPERTENSION:

ANTIHYPERTENSIVE TREATMENT:

ANY CO-MORBID CONDITION:

URINARY FREQUENCY:

URINE OUTPUT:

FAMILY HISTORY:

APPETITE:

SLEEP:
NON HEALING ULCER: (YES/NO)
SKIN PROBLEMS: (YES/NO)
CATARACT:
BURNING SENSATIONS IN LIMBS :( YES/NO)
MUSCLE WASTING:
ORAL CAVITY PROBLEM:
THIRST:
NAUSEA:
RECURRENT UTI:
MOOD CHANGES:
CARDIAC PROBLEM:
SURGICAL HISTORY:
ALCOHOLIC HISTORY:
SMOKING:
SWEATING:
EDEMA:
OTHER MEDICATIONS: