



GOVERNMENT OF MEGHALAYA
HEALTH & FAMILY WELFARE DEPARTMENT

OUT PATIENT/DAY CARE FOR SURGICAL PROCEDURE STANDARD MEDICAL SHEET

Hospital Name		District				
Patient's Name:		OPD No.				
Age:	Gender	M	F	O	Date of Reporting	
Father/Mother/Guardian Name for Minor		Date of Referral				
Address:		Place of Referral				
Occupation:		Contact No:				
Name of Consulting Doctor:						

1. Patient's Chief Complaint:

2. History of Present Illness:

3. Relevant and Significant Past History and Family History:

4. Physical Examination:

a) Body Vital Signs: _____

b) Body Systemic Review: _____

6. Provisional Diagnosis: _____

5. Laboratory/Investigation, if required:

a) Blood: CBC, LFT, KFT, Electrolytes, Lipid Profile, Uric Acid, Amylase & Lipase, Widal, Weils Felix, Typhidot, MP (Smear/QBC), C/S, RBS (Fasting/ PP)

b) CRP/ASO/RAF:

c) TSH/T3/T4:

d) S.Ferritin/D-Dimer/LDH, Trop-T, Trop-I :

e) HBsAg, HCV, Retro:

f) Sputum for AFB, CBNAAT, C/S:

g) Urine: R/E, M/E, C/S

h) Stool: R/E

i) X-Ray:

e) USG:

f) CT Scan/MRI:

g) Others:

7. Final Diagnosis: _____

8. Rx and Advice:

ICD Code:



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9. Consent for Treatment:

Informed Consent

Patient's/Relative's General Consent: I/we agree to get myself/my/our relative admitted under this Hospital _____ to undergo Examination/Investigation/Operation/Treatment as decided by the Hospital authorities and I am to also abide by the Schedule of changes, rules and regulations as they arise and as desired by the Hospital/Hospital Authority.

Patient's Signature: _____

Signature of Relative/Responsible person: _____

Date: _____

Ka Jingmynjur

Ka Jing ai jingbit jong U/Ka Nongpang/Bahaiing Nongpang: Nga u Nong pang ne Nga (U/Ka Bahaiing jong u/ka Nongpang) nga mynjur ba ka Hospital kan ai ia ka/ki jingsumar na ka bynta ka jingkoit jingkhiah jong nga/(U/Ka bahaiing jong nga) kat kum ki jingpynbeit na ka hospital. Nga/Nga (U/ka Bahaiing u/ka Nongpang nga) kular ba ngan iai neh bad kino kino ki jingkylla ha ki rukom sumar kat kum ka jingpynbeit bad jing donkam jong ka hospital na ka bynta ka koit ka khiah jong nga/(u/ka bahaiing jong nga).

Ka Shap (Signature) U/Ka Nongpang: _____

Ka Shap (Signature)jong U/Ka Nongpang: _____

Tarik: _____

Ma'sigrikeSonggirikani

Sagipamandeni/ma'drangmahariniku'monggrike see joteon'ani: Angaan'tangko/angni/chingnima'drangbaksako, ia _____ hospitalo, dongesannabannagitaku'mongnangrime, see on'enga. Be'entangko, sabisikosandienina/ be'ennisabisikoporikka ba be'enko rate (operation) sannanikodakna, mamungbanengnikani ba champenganigripakwateon'enga. Anga/chingahospitalkochalaidilenggiparangniamreti-rangkomamungnengnikanigrianjariknaku'rachakera'enga.

Sagipanisoi/bimung: _____

Ma'drangnisoi: _____

Tarik: _____

10. Signature of the Consulting Medical Officer/Physician: _____.

11. Date: _____.



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12. Informed Consent for Transfusion of Whole Blood/Blood Products:

Informed Consent

I/(I on behalf of the patient) consent to the administration of blood transfusion/other blood components in such amounts and at such times as may be deemed advisable in the judgement of my attending doctors.

Name and Signature of Patient or Relative of Patient: _____

Name, Designation and Signature of Doctor who informed the Patient: _____

Time: _____

Date: _____

Ka Jingmynjur

Nga/(Nga Ka Bahaiing u/ka Nongpang) nga mynjur ia ka jingpynbeit jong ka hospital na ka bynta ka snam jong nga/(u/ka nongpang) la ka long ha ka jingdonkam ne la ka long katnokatnosien kat kum ba ka hospital ka I bit na ka bynta ka koit ka khiah jong nga/(u/ka Nongpang).

Kyrteng bad ka shap (Signature) jong u/ka nongpang/(Bahaiing jong u/ka nongpang): _____

Kyrtengabd ka shap (signature) u/ka Doctor ba ai ka ia jingbatai: _____

Por: _____

Tarik: _____

Ma'sigrikeSonggirikani

(Sakgipinnian'chikobe'entangora'chakanina)

Anga/ Angasagipanipalo, sakgipinnian'chiko ba an'chibaksadongchaggipabakrangko, be'entangora'chakna (transfusion) jegitabaarobaditachangna, sanenggipadoctorrangninikanoangna/ saenggipamandenananggenchimuagitaon'china, mamingneng'nikanigripakwatenga.

Sagipamandeni/ Ma'drangnisoiarobimung: _____

Je Doctoran, sagipana/ ma'drangnaan'chion'chakanigimintalatahachimunisoiarobimung: _____

Somoi: _____

Tarik: _____



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13. General Examination:

Pulse			
BP			
Temperature			
Prior Transfusion	YES	NO	
Contraceptives	YES	NO	
Anti-Coagulants	YES	NO	
Antihypertensive	YES	NO	
Diuretics	YES	NO	
Smoking (per day)	YES	NO	
Corticosteroids	YES	NO	
Alcohol (per day)	YES	NO	

14. Systemic Review

CVS	
CNS	
Abdomen (GIT)	
RS	
Blood Group	
Weight	

15. Pre-Operation Medication advice by the Surgeon:

16. PRE-OPERATIVE RECORD:

Date of Surgery	Start Time		Surgery Category	Elective	Emergency
	End Time				
Name of Surgeon			Name of Assistant		
Type of Anaesthesia (if given)					
Pre-Opt Diagnosis			Post-Opt Diagnosis		
Name of Operation/Surgery					



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17. Operation Report:

Narrative Findings and Procedures (Including condition of all Organs examined, incision, ligatures, sutures, drainage, swab count and closure):

Post Operation Instruction & Rx & Advice:

18: Patient's Condition on Discharge:

Surgeon's Name: _____

Signature: _____

Date: _____