

Patient Info Cheat Sheet

Name:
Age:
Birth Date:
Birth Place:
Civil Status:
Nationality:
Religion:
Occupation:
Address:

Contact no.:
Mother's Name:
Father's Name:

PhilHealth? Y/N
Health card & Company:
Doctor:

Height:
Weight:
Blood Type:
Medication History:
Social History: Smoking?
Allergies:
Infertility/Gynecological Problems:
Surgeries:

Heart or Blood Pressure Problems:
Circulation Problems:
Respiratory Problems:

**History of Stroke, Neurological,
joint, bone or muscle problems:**

Endocrine Problems:
ENT Problems:
Communicable Diseases:
Immune Issues:

**History of Stomach, Digestive,
Urinary Problems:**
History of Skin issues/ body piercings:

Have you ever had Blood Transfusion?
Complications with Pregnancy:

Companion Info

Name:
Age:
Birth Date:
Birth Place:
Civil Status:
Nationality:

Relation TO Patient:
Address:

Contact No.: