Student Biodata

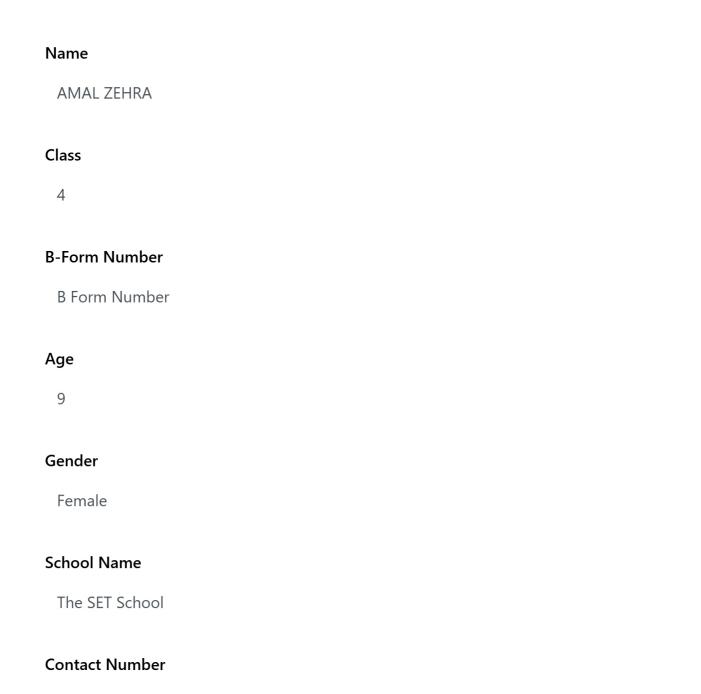
GR Number

Date Of Birth

2015-09-07

Contact Number

2335



COTTUCE INGITIDES

Emergency Contact Number

03333991338

Type Of Encounter

Follow-up Case

School Health Physician

Medical History

N/A

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Chief Complaints
FOLLOW UP CASE OF LOW VISUAL ACUITY
History of Presenting Complaints
PREVIOUS 6/9 B/L
Review of Systems
DONE
General
ALERT
Eyes
R 6/24, L 6/9
Ears, Nose and Throat
clear
Teeth
N/A
Cardiorespiratory

Gastrointestinal
N/A
Genitourinary
N/A
Neuromuscular
N/A
Endocrine
N/A
Hematologic
N/A
Rheumatologic
N/A
Skin
N/A
Investigations / Laboratory Test Reports
NON
Medication History
NON

Alleraies

, mergies
NON
Past Medical History
•
NON
Past Surgical History
non
Hon
Birth History
DONT KNOW
Immunization History
•
DONT KNOW
Growth & Development / Puberty changes
normal
Nutrition History
Nutrition riistory
GOOD
Family History
NON
14014
D 106 111111
Personal & Social History

Drink mineral water

PHYSICAL EXAMINATION

Vital Signs and Measurements Blood Pressure (Systolic) Low 100 Blood Pressure (Diastolic) Low 70 **Temperature Normal** 98.6 Pulse rate Normal 80 **Respiratory Rate** 15 Weight Normal 25 **Height Normal** 137 **BMI Low BMI** 13.32

Lymph Nodes NORMAL Head N/A Eyes R 6/24, L 6/9 **ENT** CLEAR Chest CLEAR Heart CLEAR Abdomen N/A **Extremities** N I / A

General Appearance

ALERT

Skin

N/A

		_		
Neuro	loaic	Exam	ına	tion

N/A

Diagnosis, Impression and Plan

Problem List
LOW VISUAL ACUITY
Impression
LOW VISUAL ACUITY
Provisional Diagnosis
H52.13-Myopia, bilateral
Investigations Recommended
Select

General Advice & Management Plan

NEED REVIEW WITH OPTOMETRIST

First Aid Given

No

Follow-up Required

Refferals

Internal Referrals

External Referrals

Optometrist

Reason for Referral

LOW VISUAL ACUITY