

Student Biodata

GR Number

2273

Date Of Birth

2011-11-02

Name

MUHAMMAD HASHIR

Class

7

B-Form Number

B Form Number

Age

12

Gender

Male

School Name

The SET School

Contact Number

03333788083

Emergency Contact Number

03333788083

Type Of Encounter

New Case

School Health Physician

Medical History

Chief Complaints

SWELLING AND PAIN ON RIGHT HAND

History of Presenting Complaints

A/C TO THE STUDENT HE WAS FALL ON GRC

Review of Systems

DONE

General

YES

Eyes

N/A

Ears, Nose and Throat

clear

Teeth

N/A

Cardiorespiratory

S1-S2-0

Gastrointestinal

ABDOMEN SOFT AND NT

Genitourinary

N/A

Neuromuscular

CNS INTACT GCS 15/15

Endocrine

N/A

Hematologic

N/A

Rheumatologic

N/A

Skin

N/A

Investigations / Laboratory Test Reports

NON

Medication History

Allergies

.....,

NON

.....

NON

Past Medical History

NON

Past Surgical History

NON

Birth History

NON

Immunization History

DONE

Growth & Development / Puberty changes

NON

Nutrition History

GOOD

Family History

NON

Personal & Social History

NON

PHYSICAL EXAMINATION

Vital Signs and Measurements

Blood Pressure (Systolic) **Low**

110

Blood Pressure (Diastolic) **Normal**

80

Temperature **Normal**

99

Pulse rate **Normal**

87

Respiratory Rate

28

Weight

38

Height **Low**

140

BMI **High BMI**

19.39

General Appearance

GOOD NORMAL

Skin

N/A

Lymph Nodes

N/A

Head

CNS INTACT

Eyes

N/A

ENT

NON

Chest

CLEAR

Heart

S1S20

Abdomen

SOFT NT

Extremities

NORMAL

Neurologic Examination

N/A

Diagnosis, Impression and Plan

Problem List

SWELLING AND PAIN ON RIGHT HAND

Impression

NEED XRAY OF RIGHT HAND

Provisional Diagnosis

S69-Other and unspecified injuries of wrist, hand and finger

Investigations Recommended

Radiology

General Advice & Management Plan**First Aid Given**

FIRST ADD GIVEN NEED TETANUS VACCINATI Yes

Follow-up Required

No

Refferals

Internal Referrals

External Referrals

Diagnostic Radiology

Reason for Referral

LOOK OUT FOR FRACTURE

