

Student Biodata

GR Number

1132

Date Of Birth

2012-02-23

Name

MUHAMMAD KAIF

Class

7

B-Form Number

B Form Number

Age

12

Gender

Male

School Name

The SET School

Contact Number

Contact Number

Contact Number

Emergency Contact Number

03452144495

Type Of Encounter

Follow-up Case

School Health Physician

Medical History

Chief Complaints

FOLLOW UP CASE LOW VISUAL ACUITY

History of Presenting Complaints

PREVIOUS 6/12 B/L

Review of Systems

DONE

General

Alert

Eyes

VA 6/6 B/L WITH GLASSES

Ears, Nose and Throat

clear

Teeth

clear

Cardiorespiratory

CLEAR

Gastrointestinal

N/A

Genitourinary

N/A

Neuromuscular

N/A

Endocrine

n/a

Hematologic

n/a

Rheumatologic

N/A

Skin

normal

Investigations / Laboratory Test Reports

non

Medication History

NON

Allergies

Allergies

DUST ALLERGY

Past Medical History

NON

Past Surgical History

NON

Birth History

DONT KNOW

Immunization History

DONT KNOW

Growth & Development / Puberty changes

NORMAL

Nutrition History

GOOD

Family History

MOTHER HYPERTENSIVE,

Personal & Social History

Drink mineral water

PHYSICAL EXAMINATION

Vital Signs and Measurements

Blood Pressure (Systolic) Normal

120

Blood Pressure (Diastolic) Normal

80

Temperature Normal

98

Pulse rate Normal

78

Respiratory Rate Normal

15

Weight

56

Height Normal

154

BMI High BMI

23.61

General Appearance

Good

Skin

normal

Lymph Nodes

N/A

Head

N/A

Eyes

VA 6/6 B/L WITH GLASSES

ENT

CLEAR

Chest

CLEAR

Heart

S1S20

Abdomen

SOFT NT

Extremities

N/A

Neurologic Examination

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

General Advice & Management Plan

First Aid Given

No

Follow-up Required

No

Refferrals

Internal Referrals

External Referrals

