Village Medical Project Health Form

Surname: _____ First Name: _____ House No: _____

Date of Birth: _____ Age: _____ Sex: □ Male □ Female Marital Status: □ Married □ Single

Emergency Contact: _____ Relationship: _____ Phone: _____

Health History:

□ High Blood Pressure
□ Asthma
□ Cough lasting over 2 weeks
□ STD: _____
□ Pain: _____
□ Arthritis
□ Urinary tract infection
□ Diabetes
□ Anxiety
□ Depression
□ Insomnia
□ Skin rash or sores
□ Cancer
□ Diarrhea
□ HIV / AIDS
□ Headache

□ Allergies: _____

Vitals:

BP: _____
BS: _____
HR: _____
Temp: _____
Height: _____
Weight: _____

Patient Exam:

Gen	Abd
HEENT	Musculoskeletal
Resp	Skin
Cardiac	Neuro

Diagnosis:

□ None

Muskulosketal
□ Back pain
□ Tendonitis
□ Arthritis
□ Other: _____

GI
□ Intestinal parasite
□ Diarrhea
□ GERD
□ Gastritis

Cardio/Pulmonary
□ URI □ Asthma □ Hypertension
□ Cough

Urogenital
□ UTI
□ STD

Head/Neck
□ Sinusitis
□ Headache
□ Otitis media

Psych
□ Anxiety
□ Depression
□ Insomnia

___Malaria test
___ Schisto test

Derm
□ Scabies
□ Fungal
□ Eczema
□ Impetigo

Metabolic
□ Anemia
□ Dehydration
□ Malnutrition
□ Allergies

Other
□ Pregnancy
□ Domestic Violence

Treatment:

□ None

GI
□ CaCO3/MgCO3
□ Loperamide HCl
□ Famotidine
□ Lansoprazole
□ Simethicone
□ Bismuth Subsalicylate
□ Ranitidine
□ Omeprazole
□ Exomeprazole
□ Rabeprazole

Antiparasitic
□ Albendaxole
□ Benzyl Benzoate
□ Mebendazole
□ Thiabendazole
□ Permethrin
__ Fansidar
__Artensuate

Other
□ Vitamins
□_____

Analgesics
□ Acetaminophnen
□ Diclofenac
□ Naproxen
□ Aspirin
□ Ibuprofen

Antifungal
□ Clotrimazole
□ Fluconazole
□ Ciclopirox
□ Miconazole

Respiratory/Throat
□ Dextromethorphan HBr
□ Theophylline
□ Albuterol
□ Neb Tx: _____

Chronic Meds
□ HCTZ
□ Glipizide
□ Torsemide
□ Metformin
□ Atenolol

Antibiotics
□ Amoxicillin
□ Cefdinir
□ Ceftriazone
□ Clarithromycin
□ Erythromycin
□ Amoxicillin
□ Cefprozil
□ Ciprofloxacin
□ Doxycycline
□ Trimeth/Sulfameth

Antihistamine
□ Diphenhydramine
□ Promethazine HC1
□ Loratadine
□ Chlorpheniramine

Steroids
□ Hydrocortisone
□ Fluticasone Prop Crm
□ Prednisone
□ Prednicarbate Crm
□ Mometasone

Examined By: _____ Date (DD/MM/YEAR): _____