

CASE RECORD FORM

**(Template form, modify
according to your study
needs)**

PROTOCOL NO:

VERSION:

DATE:

INVESTIGATOR'S NAME:

DR. CO- INVESTIGATORS:

PATIENT's INITIALS:

IP NO :

AGE (YRS):

GENDER : M/F

HEIGHT: Mts

WEIGHT: Kg's

PRESENT ILLNESS:

PAST HISTORY : HTN / DM / TB / ASTHMA / EPILEPSY/ LIVER FAILURE

PERSONAL HISTORY :

SMOKER: YES / NO

ALCOHOLIC: YES / NO

TREATMENT HISTORY:

GENERAL EXAMINATION:

PATIENT – CONSCIOUS – YES / NO

PALLOR / ICTERUS/ CYANOSIS/ PEDAL EDEMA/ LYMPHADENOPATHY

VITAL DATA:

PULSE RATE: /min

BLOOD PRESSURE : mmHg

RESPIRATORY RATE: /min

TEMPERATURE : °F

SYSTEMIC EXAMINATION:

CARDIOVASCULAR SYSTEM:

RESPIRATORY SYSTEM:

CNS :

PUPILS :

ABDOMEN :

Study related tables / Data capture Elements:
