

ORTHO MEDICAL ASSOCIATES

**Dr. Nidhi Singh M.B.B.S., MSC (Addiction) Lon.
Family Physician – Addiction Medicine Specialist**

NAME:.....

DATE OF BIRTH:..... **AGE:**.....

SEX:..... **RELIGION:**.....

ADDRESS:..... **P.O. BOX:**.....

TEL. No.: **HOME:**..... **WORK:**..... **CELL:**.....

EMAIL ADDRESS:.....

NEXT OF KIN:..... **RELATION:**.....

OCCUPATION:..... **EMPLOYER:**.....

INSURANCE:.....

CHRONIC ILLNESS:

- | | | |
|---------------------|-------------|----------------------|
| Shortness of breath | Diabetes | Arthritis |
| Asthma | Sickle Cell | Psychiatric Symptoms |
| Heart Trouble | Epilepsy | High Blood Pressure |
| Glaucoma | Cancer | Thyroid Problems |

Relevant Medical History, including Medications:.....

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List Allergies:.....

Present Treatment:.....

Previous Surgery:.....

Past Treatment/Hospitalisations:.....

Family History of Chronic Illness:

- Hypertension Cancer Heart Problems Diabetes

VITAL SIGNS

Pulse B.P.Resp. Rate Height Weight