

PATIENT ASSESSMENT QUESTIONNAIRE

<ul style="list-style-type: none"> ➤ WHAT ARE THE PRESENT COMPLAINTS, IN ORDER: ➤ DESCRIBE THE COMPLAINT: 	
<ul style="list-style-type: none"> ➤ HOW LONG IT WAS PRESENT, HOW IT STARTS AND ANY ASSOCIATED SYMPTOMS 	
<ul style="list-style-type: none"> ➤ WHAT SEEMS TO MAKES SYMPTOMS BETTER 	
<ul style="list-style-type: none"> ➤ WHAT SEEMS TO MAKE SYMPTOMS WORSE 	
<ul style="list-style-type: none"> ➤ IS IT VARIES WITH DAY OR ANY PARTICULAR TIME 	
<ul style="list-style-type: none"> ➤ HOW SEVERE OF COMPLAINTS 	
<ul style="list-style-type: none"> ➤ IS IT FIRST TIME OR REPETATIVE, HOW MANY TIMES IN PARTICULAR PERIOD 	
<ul style="list-style-type: none"> ➤ DID HE/SHE WAS ATTEND THE DOCTOR FOR CHECK UP, COMMENTS: ➤ (ABOUT DIAGNOSIS AND TREATMENT) 	
<ul style="list-style-type: none"> ➤ IS IT EFFECTING THE DIALY TASKS 	
<ul style="list-style-type: none"> ➤ ANY ISSUES PARTICULAR 	
<ul style="list-style-type: none"> ➤ ANY H/O OF SEXUAL DISEASES 	
<ul style="list-style-type: none"> ➤ ANY H/O OF TUBERCULOSIS, HYTERTENSION OR OTHERS 	
<ul style="list-style-type: none"> ➤ ANY PREVIOUS MEDICAL AND MENTAL H/O 	
<ul style="list-style-type: none"> ➤ ANY FAMILY H/O OF MEDICAL & MENTAL 	
<ul style="list-style-type: none"> ➤ ANY SMOKING AND ALCOHOL H/O (TIME & AMOUNT) 	
<ul style="list-style-type: none"> ➤ OCCUPATION H/O 	
<ul style="list-style-type: none"> ➤ IN CASE OF FEMALES: H/O PERIODS (LMP, REGULAR , AMOUNT & ANY ABNORMALS) 	
<ul style="list-style-type: none"> ➤ IN CASE OF FEMALES: NO. CHILDRENS AND AGE 	