Physical Examination Finding Form – Pre-filled SAMPLE

Please complete this form electronically, not handwritten.

Case Code (e.g. LA1, LB2)	LA2
Patient First Name Only:	JANE
Patient ID:	JAMI0509

'Patient ID Format: *Use the first two letters of first and surname and DDMM of birth, do not include year. E.g. the patient ID for Mary Smith, DOB: 27/03/2000 is **MASM 2703'***

Hosting Hospital:	DIVISIONAL CLINICAL HOSPITAL

Microsoft Teams Meeting Links	
(below are the shortened and long links to the same videoconference)	
Shortened Meeting Link <if this document is printed, type this link>	**https://bit.ly/TesTC0De**
Long Meeting Link <if using electronic copy, click on Full Link>	**Full link**

Height:	150cm	**Weight:**	46kg
Gender:	F	**Head circum (opt):**	
Heart Rate:	76	**Blood Pressure:**	102/51
Respiratory Rate:	18	**Temperature:**	
Urinalysis:		**Oxygen saturation:**	98%
Blood glucose:			
Cardiovascular:	S1 and S2 normal, nil added		
Respiratory:	Chest clear nil added crepitations or wheeze		
Abdominal:	Soft and non tender, fullness in left lower quadrant		
Neurological:	Normal tone upper limbs and lower limbs Power 5/5 all muscle groups upper limb and lower limbs Reflexes 2+ throughout Coordination normal Sensation normal Gait: right foot eversion		
Limbs:			
Other:	ENT examination normal		

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Patient Identification:

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JAMI0509

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Medication List:
Phenytoin 100mg BD, oral Carbamazepine 600mg BD, oral Zonisamide 200mg BD, oral Melatonin 3mg nocte, oral Guanfacine 2mg daily, oral CBD oil 3mls BD, oral Osmolax ½ scoop – 1.5 scoops daily, oral Atropine eye drops 0.01%, one drop each eye nocte Omeprazole 20mg nocte, oral Clobazam 5mg PRN, oral Clonidine 100mcg PRN, oral Midazolam 10mg PRN, intranasal

Teleconference details	
(only to be used as a back-up in the event of MS Teams issues – all participants will need to move to TC, however VC can still be used for video if audio is poor)	
Dial in number	1800 672 949
Meeting Host Passcode	1234 5678 9012