

MEDICAL DETAILS

NAME POTIN Philippe AGE 64
 Male Female

1. PRESENT ILLNESS:

List of present health problems with duration of each:

NO	DESCRIPTION	DURATION
01.	hyper tension heart	20 years
02.	osteoarthritis	5 "
03.	erectile dysfunction	2 "
04.	dizziness	2 "
05.	cholesterol	20 "
06.		

2. A BRIEF DESCRIPTION OF PRESENT ILLNESS:

Hyper-tension, from work stress and retired

osteoarthritis: knee, elbow, lumbar

How it started and progressed:

Erectile dysfunction: hypertension, cholesterol....

3. DETAILS OF MEDICAL INVESTIGATIONS DONE, IF ANY:

4. DETAILS OF TREATMENTS DONE IF ANY:

Just for hypertension

5. CURRENT MEDICATION:

coveram 5mg/5mg

6. ALLERGIES IF ANY:

no

7. STATE OF DIGESTION :

APPETITE	NORMAL	LESS	MORE
	X		
BOWEL HABITS	REGULAR	IRREGULAR	
		X	
URINE QUANTITY	ADEQUATE	LESS	MORE
			X
SLEEP	SOUND	DISTURBED	
		X	

8. MENSTRUATION:

Cycle	Regular	Irregular	
Flow	Normal	Less	More
Associated with	Pain	Clots	Head-ache

9. MARRITAL STATUS

Married	Single
—	—

Common lift

10 DIET

DIETARY HABITS	VEGETARIAN	NON VEGETARIAN	
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
MODE OF INTAKE	REGULAR	IRREGULAR	
	<input checked="" type="checkbox"/>		
ADDICTIONS IF ANY	SMOKING	ALCOHOL	OTHERS
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

11. Other important information if any :

stomach gas raised

Daily routine

Underline Your Answer

Get up from bed at..... Wake up with / without alarm

Are you rested, happy and alert?

Yes..No Varies

I go to sleep at 23^h Do you fall asleep easily?

Yes..No Varies

Do you usually sleep all night without interruptions?
Varies

Yes.. No

Do you sleep daytime ?

Yes...No Varies

Do you put aside time for yourself every day?

Yes.. No Varies

Do you practise any form of relaxation or meditation?

Yes.. No

Apetite – digestion – bowel movement

Do you empty your bowel daily without difficulty?

Yes.. No Varies

At what time? Early morning After breakfast Before lunch After lunch
Evening Varies

Is the stool often: Hard/dry Loose Soft/wellformed

Do you sometimes have altering constipation - diarrhea Yes...No Varies

Do you have gases or swollen stomach Yes...No
Varies

Do you drink something directly when you get up Yes...No

Do you feel real hunger - before breakfast? Yes...No

before lunch? Yes...No

before dinner? Yes...No

Do you often feel the urge for something in between meals? Yes...No

Do you usually eat even if you are not really hungry? Yes...No

Do you feel heaviness, drowsiness or tired after eating yes...No

What are your common mealtimes Regular / irregular

Breakfast at 7^h00 Lunch at..... 13^h

Dinner at..... 21^h In between meals no

What do you usually eat (take the last few days as an example)

Brekfast... Toast - margarine - Jam - coffe

Lunch... rice and fish or meat

Dinner... identical

Snacks... hot herbal tea

What do you drink with food? water

Between meals? water, coffe

If you drink coffee – how many cups a day? 1 to 2

Is it something that you do not like or do not feel well of?

Fat or fried food. Tastes: Sweet sour salt pungent bitter astringent

Other ^{no} nourishing basic europe

Is there something you especially like? ... Pasta

What kind of sweets do you usually eat? Cookies icecream sweets chocolate
fruit other dry biscuit, small chocolate

Is this with meals or separate? separate

Do you regularly use: Curd yoghurt cheese milk cream margerine meat
fish egg