ubuntu EDUCATION FUND

Minor Ailment Register

Patient Name: **Date of Birth:** **Age:** **Gender:** ☐ M ☐ F

Personal Details	Vitals	Client Complaint	Observations	Diagnosis	Way Forward	Follow-up	Rx Filled
Nurse **Treated Before:** ☐ Yes ☐ No **Photo ID:** ☐ Yes ☐ No	**Height:** cm **Weight:** kg **Temp:** C **Bl. Pressure:** / **Urine:**				**Preexisting Conditions** *Conditions:* **Rx Required:** ☐ Yes ☐ No *Rx Prescribed:*	**Follow-up Required:** ☐ Yes ☐ No **Dr. Visit Required:** ☐ Yes ☐ No **Patient Counseled** ☐ Yes ☐ No	
Nurse **Treated Before:** ☐ Yes ☐ No **Photo ID:** ☐ Yes ☐ No	**Height:** cm **Weight:** kg **Temp:** C **Bl. Pressure:** / **Urine:**				**Preexisting Conditions** *Conditions:* **Rx Required:** ☐ Yes ☐ No *Rx Prescribed:*	**Follow-up Required:** ☐ Yes ☐ No **Dr. Visit Required:** ☐ Yes ☐ No **Patient Counseled** ☐ Yes ☐ No	
Nurse **Treated Before:** ☐ Yes ☐ No **Photo ID:** ☐ Yes ☐ No	**Height:** cm **Weight:** kg **Temp:** C **Bl. Pressure:** / **Urine:**				**Preexisting Conditions** *Conditions:* **Rx Required:** ☐ Yes ☐ No *Rx Prescribed:*	**Follow-up Required:** ☐ Yes ☐ No **Dr. Visit Required:** ☐ Yes ☐ No **Patient Counseled** ☐ Yes ☐ No	
Nurse **Treated Before:** ☐ Yes ☐ No **Photo ID:** ☐ Yes ☐ No	**Height:** cm **Weight:** kg **Temp:** C **Bl. Pressure:** / **Urine:**				**Preexisting Conditions** *Conditions:* **Rx Required:** ☐ Yes ☐ No *Rx Prescribed:*	**Follow-up Required:** ☐ Yes ☐ No **Dr. Visit Required:** ☐ Yes ☐ No **Patient Counseled** ☐ Yes ☐ No	