

**Institute of Pulmocare and Research
Self Reporting Format**

Name age/ sex....., ID no date..... phone no.

Education **Occupation:** office, home-making, business, teaching, industry, IT, professional, others

Marital status: married/ unmarried/separated **Status:** New? Review? Report?, regn No.

Any addiction? A) smoking: bidi/cigarette/others/ day Xyears; **B) Other form of tobacco**X... yrs.

c) alcohol pegs/ day / week X years **D) others**X years.

Level of physical activity: very low Low average/normal for age high very high

Food habit: vegetarian non vegetarian

Bladder habit: normal , abnormal -frequency, urgency, incontinence, others

Bowel: normal constipation loose motion

Sleep: normal , abnormal , Snoring / insomnia/ unsatisfactory

Mood	Energy	motivation	feeling /satisfaction
low /so-so/ high/swings	Low, average, high	nil, low, often , frequent, high	Low, guilty, unhappy, useless, worthless, dis-satisfied, so-so, happy, satisfied, worthwhile, anxious, apprehensive, excited,

Have you taken covid vaccine ? No 1st dose , date 2nd dose; date , name

Have you ever suffered from covid-19? yes , No ; if yes,

**Please carry the discharge
certificate or its photocopy**

Date of 1st symptom, Date of RTPCR / Rapid antigen test

Date of admission and dischargeto..... (if admitted) andto..... (if readmitted)

Did you require oxygen or respiratory life support: yes , No

Have you consulted Dr P S Bhattacharyya earlier?

Please carry the copy of the prescriptions

What is your present problem?

Name	Duration	Details

What all diseases are you suffering from?

Name	Duration	Name	Duration
DM		Hypothyroidism	
Hypertension		Hyperurecemia	
IHD		COPD/Asthma	

Did you suffer from any problem in past:

Sl	Name	Year
1.		
2.		

What all medicines are now been taken by the patient now? (Name + dose, if possible)

1	5	9
2	6	10
3	7	11
4	8	12

Was there any problem during taking these medicines?

Is there any systemic problem?

	Details : how long, how much etc
Fever	
Weight loss	
Night sweating	
Anorexia	

Whether any investigations were done recently / in between? If so, name them below

Name	Value (normal range)	Name	Value (normal range)

Who else (name of the doctors) you have consulted recently (in last 6 months)? (please carry the prescriptions)

What is your present situation? Pulse rate, BP....., SpO2.....%, weight.....

The self reporting from your end will determine our course of action. So, please try to give brief but correct information to have the best quality feedback. We have a system of pre-consultation work up by trained staffs and doctors; this statement will be helpful to us and also will save your time at the institute.

If you have pulse oximeter in home, please try to get a 2 chair test done and send us. Down load the 2 chair test format from our website www.pulmocareindia.org . If you have problem to do it, we please inform us

I, Sri/ Smt., on behalf of myself or my patient wish to inform that we are interested to consult Dr. Parthasarathi Bhattacharyya at the Institute of Pulmocare (IPCR). We have no objection if any of the records or samples of blood / tissue of mine or my patient is used for research meant to human welfare without disclosing my / our identity.

Signature date relationship.....

Name and sig of witness date.....

**Please download this form, fill it up and carry with you for consultation.*