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DIAGNOSTIC CENTRE

HEALTH CHECK REPORT

CONSULTANTS

Dr. GOPAL AGRAWAL

M.D. F.A.C.C. (USA)
CARDIOLOGIST & PHYSICIAN

Dr. MAHAVIR MODI

M.D., D.N.B. (Chest Medicine)
CHEST PHYSICIAN & INTENSIVIST

Dr. SANMAY S. CHOWDHURY

MBBS, DNB (Medicine), FCPS (Medicine)
I.D.C.C.M. (Intensive Care Medicine)

Date :

Sr. No. :

NAME :

Age :

Sex :

ADDRESS :

FOR FEMALES ONLY :

Telephone :

PERIODS :

Referred By : Company / walk-in / pp

LMP :

Chief Complaints :

PREGNANT :

IF PREGNANT NO X-RAYS PLEASE

Present Medication :

Personal History :

Habits : Cigarettes

: Tobacco & Snuff

: Alcohol

Regular Exercise

Diet

Veg / Non. Veg.

Marital Status

Married / Single

No. of Children

PAST HISTORY :

FAMILY HISTORY :

Father :

Mother :

Others

DRUG ALLERGY :

GENERAL EXAMINATION :

Build : Thin / Medium / Obese
Height : cms
Weight : Kgs
Lymphnodes :

Sr. No. :

Anaemia :

Oedema :

SYSTEMIC EXAMINATION :

CARDIO VASCULAR SYSTEM :

Heart Rate & Rhythm :
Bp :
Heart Sounds :
ECG :

RESPIRATORY SYSTEM :

Shape of Chest :
Breath Sounds :

ABDOMINAL SYSTEM :

Appearance :
Liver :
Kidney :
Spleen :
Tenderness :

Fluid :
Bowel Sounds :
Hernia :

CENTRAL NERVOUS SYSTEM & SPINE :

ENT :

DENTAL :

EYES :

JOINTS :

EXTREMITIES :

URINARY TRACT :

GYNAEC REPORT :

SKIN :



Sr. No. :

REVIEW OF THE REPORTS AND ADVICE :

Signature