DOSAGE BLANKS—for giving medicines to those who cannot read (see p. 64)

Name:

Medicine:

For:

Dosage:

Name:

Medicine:

For:

Dosage:

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Medicine:

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Dosage:

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Dosage:

DOSAGE BLANKS—for giving medicines to those who cannot read (see p. 64)

Name:			
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Medicine:			
For:			
Dosage:			

PATIENT REPORT

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person: _____Age: _____

Male _____ Female_____ Where is he (she)? _____

What is the main sickness or problem right now?_____

_____

_____

_____

When did it begin? _____

How did it begin? _____

Has the person had the same problem before? _____When? _____

Is there fever? _____ How high? _____° When and for how long? _____

Pain? _____Where?_____What kind?_____

What is wrong or different from usual in any of the following?

Skin:_____ **Ears:**_____

Eyes: _____ **Mouth and throat:** _____

Genitals: _____

Urine: Much or little? _____Color?_____Trouble urinating?_____

Describe: _____Times in 24 hours: _____ Times at night: ____

Stools: Color?_____ Blood or mucus?_____ Diarrhea? _____

Number of times a day: _____Cramps? _____ Dehydration?_____Mild or severe?_____ Worms? _____What kind? _____

Breathing: Breaths per minute:_____ Deep, shallow, or normal? _____

Difficulty breathing (describe):_____ Cough (describe):_____

_____Wheezing?_____ Mucus?_____With blood?_____

Does the person have any of the SIGNS OF DANGEROUS ILLNESS listed on page 42? _____Which? (give details)_____

_____

Other signs: _____

Is the person taking medicine? _____What?_____

Has the person ever used medicine that has caused a rash, hives (or bumps) with itching, or other allergic reactions?_____ What?_____

The state of the sick person is: Not very serious: _____Serious: _____

Very serious: _____

On the back of this form write any other information you think may be important.

PATIENT REPORT

TO USE WHEN SENDING FOR MEDICAL HELP

Name of the sick person: _____ Age: ____

Male _____Female_____ Where is he (she)?_____

What is the main sickness or problem right now?_____

_____

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_____

When did it begin? _____

How did it begin? _____

Has the person had the same problem before? _____ When?_____

Is there fever? _____How high? _____ ° When and for how long?_____

Pain? _____Where?_____What kind? _____

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PATIENT REPORT

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Male ____ Female_____ Where is he (she)? _____

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How did it begin? _____

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PATIENT REPORT

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Male ____ Female _____ Where is he (she)? _____

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