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

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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)? ____________________________
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