

APPENDIX – 3

FORMAT FOR MEDICAL RECORD

(see regulation 3.1)

Name of the patient :

Age :

Sex :

Address :

Occupation :

Date of 1st visit :

Clinical note (summary) of the case:

Prov. : Diagnosis :

Investigations advised with reports:

Diagnosis after investigation:

Advice :

Follow up

Date:

Observations:

Signature in full

Name of Treating Physician