

Sickle Cell Institute Chhattisgarh

(An Autonomous Institute of Government of Chhattisgarh)

Genetic Lab, Department of Biochemistry, Pt. J.N.M. Medical College
Raipur – 492001, Phone & Fax:0771-2885505, www.scic.co.in



OPD Record Book



Patient's ID :

Patient's Name :

Date of issue :

Booklet number :

Telephone No. :

Email ID :

Address :



General Record

Name:

SCD status:

 SS

 AS

 Others:

Father/mother/guardian name:

Date of birth:

Address:

Panchayat:

Block:

District:

Pincode:

Telephone No.:

Age/Sex:

Patient ID:

Email id:

Height:

Weight:

Blood Group:

Religion:

Category (General/SC/ST/OBC):

Caste:

Marital Status:

Occupation:

Socio-economic status (Per capita income/ annual income):

Blood group:

HBSAg status:

HCV status:

HIV status:

Family History:

Relation	Name	Age	Sickle Cell disease status
Father			
Mother			
Sister	1		
	2		
	3		
	4		
Brothers	1		
	2		
	3		
	4		
Others (maternal side)			
Others (paternal side)			

Remarks:

Paste a recent photograph of patient

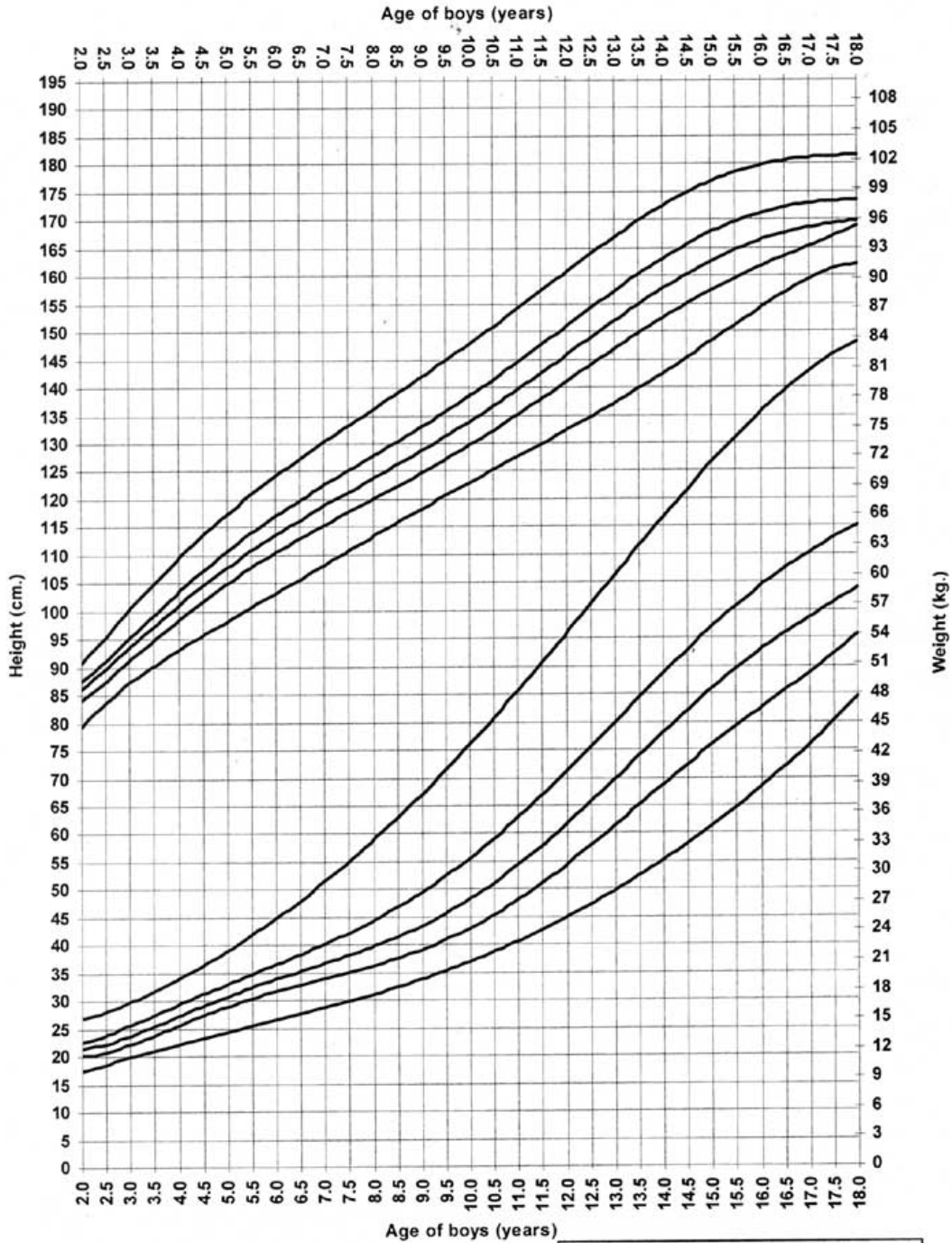


Vaccination Status:

Age at vaccination	Vaccine	Vaccinated: yes/No
Birth to 6 th week	BCG	
2 nd month	DPT Oral polio vaccine HIB (Meningitis)	
4 th month	DPT/Oral polio/ HIB	
6 th month	DPT/Oral polio/ HIB	
9 th month	Pneumococcus	
12 th month	TB skin test	
15 th month	MMR/HIB/Polio/DPT	
18 th month	DPT/Polio	
5 years	DPT/Polio	
Others	Hepatitis B, Flu, Typhoid	

Remarks:

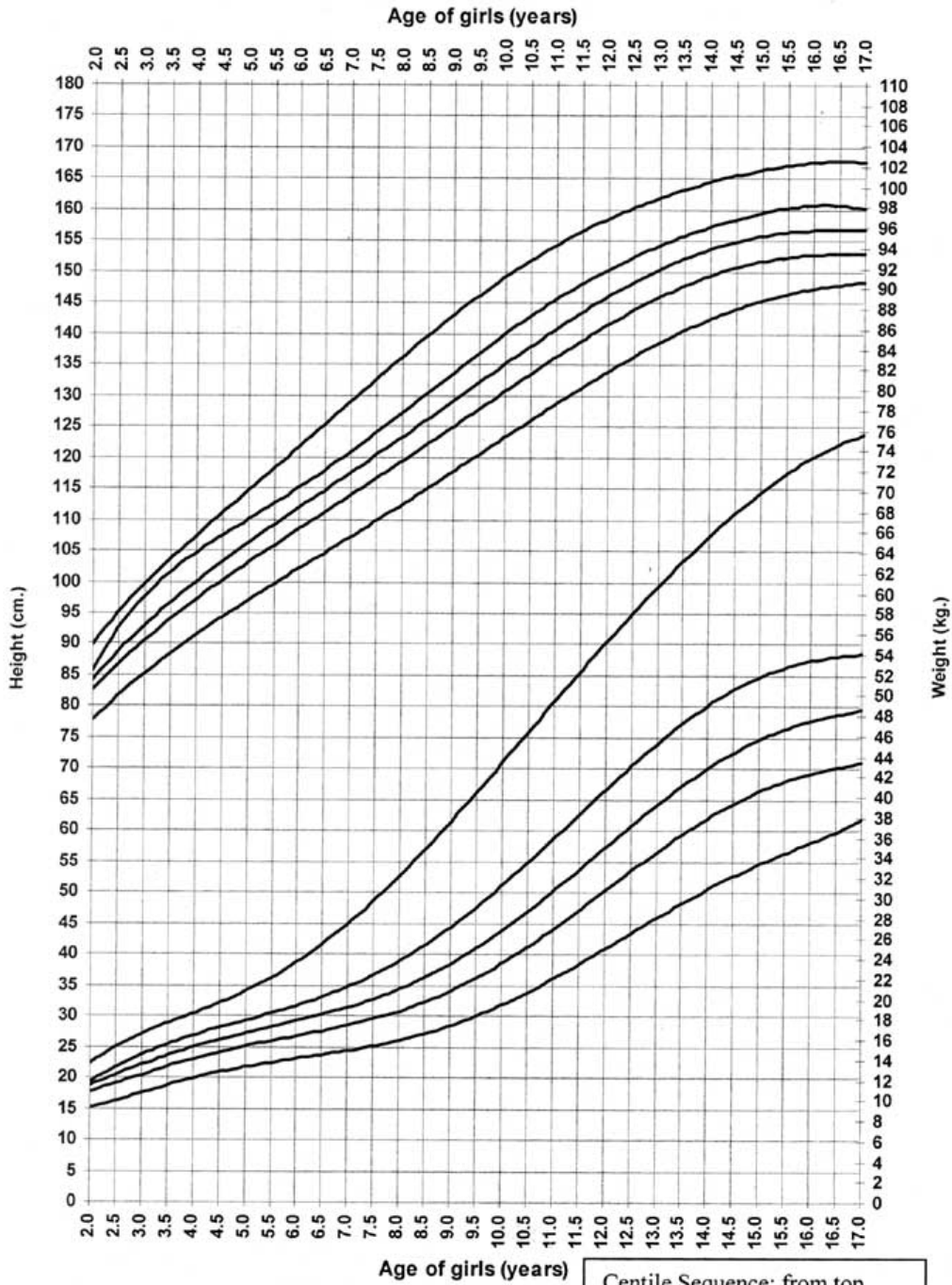
Growth Chart for boys:



Centile Sequence: from top 97th,
75th, 50th, 25th, 3rd

Remarks:

Growth Chart for girls:



Remarks:



Record of development:

Boys:

Features	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Height						
Secondary Sexual characters						

Investigations:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Testosterone						
Any other test						

Record of development:

Girls:

Features	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Height						
Secondary Sexual characters						

Investigations:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
LH						
FSH						
Prolactins						
Testosteone						

Remarks:



Record of menstrual history:

Age at menarche:

Complaints	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Menstrual cycle						
Duration of menstrual cycle						
Amount of blood flow						
Pain or any other complaint						

Record of obstetric history:

	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Parity						
Age of fetus in months at abortion						
Any other complaint						

Remarks:



Record of complaints:

Complaints	Date	Date	Date	Date	Date	Date
Pallor						
Jaundice						
Fever						
Body ache						
Joint pain						
Head ache						
Pain in abdomen						
Leg ulceration						
Dactylitis/ Hand-foot syndrome						
Pain in hip						
Difficulty in walking						
Convulsions						
Problem in vision						
Epistaxis						
Blood Transfusion						
Hospitalization						
Any other complaints						

Remarks:



Record of complaints:

Complaints	Date	Date	Date	Date	Date	Date
Pallor						
Jaundice						
Fever						
Body ache						
Joint pain						
Head ache						
Pain in abdomen						
Leg ulceration						
Dactylitis/ Hand-foot syndrome						
Pain in hip						
Difficulty in walking						
Convulsions						
Problem in vision						
Epistaxis						
Blood Transfusion						
Hospitalization						
Any other complaints						

Remarks:



General Examination:

Findings	Date	Date	Date	Date	Date	Date
Pulse						
B.P.						
Temperature						
Pallor						
Icterus						
Edema						
Hemolytic face						
Non healing ulcer						
Priapism						
Bony tenderness						
Lymph nodes						
Restriction of movement of hip and shoulder joint						
Stature						
Any other feature						

Remarks:



General Examination:

Findings	Date	Date	Date	Date	Date	Date
Pulse						
B.P.						
Temperature						
Pallor						
Icterus						
Edema						
Hemolytic face						
Non healing ulcer						
Priapism						
Bony tenderness						
Lymph nodes						
Restriction of movement of hip and shoulder joint						
Stature						
Any other feature						

Remarks:



Clinical Systemic Examination:

Examination:	Date	Date	Date
Weight:			
Lump:			
Abdominal Examination: a) Splenomegaly b) Hepatomegaly: c) Others:			
Respiratory System:			
Cardiovascular System:			
Orthopedic Examination:			
Fundus Examination:			
CNS:			
ENT:			
Dental:			
Any other finding			

Remarks:



Clinical Systemic Examination:

Examination:	Date	Date	Date
Weight:			
Lump:			
Abdominal Examination: a) Splenomegaly b) Hepatomegaly: c) Others:			
Respiratory System:			
Cardiovascular System:			
Orthopedic Examination:			
Fundus Examination:			
CNS:			
ENT:			
Dental:			
Any other finding			

Remarks:



Record of diagnostic tests:

Solubility test	
Electrophoresis	
DNA analysis	

HPLC:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
HbS						
HbA						
HbF						
HbA2						
Other Variants of Hb						

CBC:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Hemoglobin						
Hematocrit						
MCV						
MCH						
MCHC						
RDW						
Reticulocyte count						

Remarks:



Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
TLC						
DLC:						
Neutrophils						
Lymphocytes						
Monocytes						
Eosinophils						
Basophils						
Platelet count						
Malaria parasite						

CBC:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Hemoglobin						
Hematocrit						
MCV						
MCH						
MCHC						
RDW						
Reticulocyte count						
TLC						

Remarks:



Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
DLC:						
Neutrophils						
Lymphocytes						
Monocytes						
Eosinophils						
Basophils						
Platelet count						
Malaria parasite						

Clinical laboratory tests:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Blood sugar						
K.F.T.						
Blood urea						
Serum creatinine						
Serum sodium						
Serum potassium						
Urine microalbumin						
L.F.T.						
Total Serum bilirubin						
Unconjugated bilirubin						

Remarks:



Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Conjugated bilirubin						
Total serum protein						
Serum albumin						
SGOT (AST)						
SGPT (ALT)						
ALP						
Pregnancy Test						
Iron status						
Serum iron						
T.I.B.C.						
Serum ferritin						
Any other test						

Remarks:



Clinical laboratory tests:

Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Blood sugar						
K.F.T.						
Blood urea						
Serum creatinine						
Serum sodium						
Serum potassium						
Urine microalbumin						
L.F.T.						
Total Serum bilirubin						
Unconjugated Serun bilirubin						
Conjugated bilirubin						
Total serum protein						
Serum albumin						
SGOT (AST)						
SGPT (ALT)						

Remarks:



Test	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
ALP						
Pregnancy Test						
Iron status						
Serum iron						
T.I.B.C.						
Serum ferritin						
Any other test						

Other tests:

Test	Findings
ECG	
Echocardiography	
X-ray	
Ultrasonography	

Remarks:



CT/MRI	
Intracranial Doppler	
Any other special investigation	

Monitoring of patient on Hydroxyurea therapy:

Beneficial effects:

	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Pain frequency						
Hospitalization						
Blood transfusion						
Others						

Complications/Adverse effects:

	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Gum bleeding						
Petechial spots						
Sepsis/Infections						
Fever						
Others						

Remarks:



Monitoring of patient on Hydroxyurea therapy:

Beneficial effects:

	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Pain frequency						
Hospitalization						
Blood transfusion						
Others						

Complications/Adverse effects:

	Date.....	Date.....	Date.....	Date.....	Date.....	Date.....
Gum bleeding						
Petechial spots						
Sepsis/Infections						
Fever						
Others						

Remarks:



Advice:

Date	Name of Regular consultant	Name of special consultant for any specific complaints

Remarks:



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Date	Name of Regular consultant	Name of special consultant for any specific complaints

Remarks:



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Date	Name of Regular consultant	Name of special consultant for any specific complaints

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Advice:

Date	Name of Regular consultant	Name of special consultant for any specific complaints

Remarks:



Advice:

Date	Name of Regular consultant	Name of special consultant for any specific complaints

Remarks:



Sickle Cell Warrior: Hey, I am going to defeat you!!!!!!!!!!!!!!

OPD Record Book

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Guided by:

Dr. P.K. Patra, Director General, SCIC, Raipur

Dr. P.K. Khodiar, Director- Medical, SCIC, Raipur

Prepared by:

Dr. Hrishikesh Mishra, Scientist (Bioinformatics), SCIC, Raipur

Dr. Ram K. Yadav, General Duty Medical Officer, SCIC, Raipur

Cover page designed by:

Dr. Aditya Nath Jha, Scientist, SCIC, Raipur