

FINAL TECHNICAL REPORT
Community based Care of the Elderly
WHO Collaborative Activities –

- 1) WHO Project Number:- SE/06/227721
- 2) Title and dates of the activity: _ Community based Care of the Elderly -
From June 2006 to June 2007
- 3) Objectives: a) To demonstrate a community based model for health care of the elderly
b) To establish linkage with the health services of the area
c) To promote healthy aging in the population by IEC and volunteers, NGO's

4) Activities Undertaken:

A) DETAILS OF PROGRAMME

To demonstrate a community based model in the rural elderly we selected PHC Palsora as the focus of this activity. It falls under the administrative control of GMC-32, Chandigarh. The preliminary activity involved:

i) **Area of Activity:** Identification of RHTC (Palsora) as the focus of the activity for the rural elderly.

ii) **Preparation of a proforma for Identification of problems in the community by a Field worker.** This proforma was revised to its final form to be easy to use by a HCW with minimum training.) **(Annexure B)**

iii) **Selection of volunteers for survey and dissemination of Health information**

Volunteers were needed to carry out field survey and to train them to identify problems in the elderly community. 9 staff members of the department of medicine and other department of the Government Medical College-32 working as peons/ attendants were all imparted training by use of the Trainer Manual for Community Health Workers. 3 field staff was selected to carry out the survey after training.

iv) **Medical Officer for the co-ordination of the activities as well as for basic evaluation** was not available through-out the project. Only one MO worked in the initial phase for two months. Subsequently the Doctors in PHC Palsora/UHTC-44(Consultants/ senior residents) and doctors from Department of Medicine conducted the work and its supervision.

v) **Senior Citizen Health Care file and Referral card developed:** A senior citizen health care record and referral card was developed. The front page was this was in the form of a Senior Citizen Health Information Card that could be detached at the perforation and given to the patient. It would identify him/ her as a senior person needing Health Care on priority at any medical facility. The local clinics/practitioners/ were requested to provide health care at subsidized rates.

(Annexure C)

B) MODALITIES

- i) **A Community Survey was conducted:** 3 Volunteers were selected and trained in conducting house to house survey in community with the help of Regular staff conducting the survey of community at RHTC, Palsora as well as UHTC-44.
- ii) **One Multi-speciality camp was conducted:** at RHTC Palsora on 29 March 2007.
 54 senior citizens were examined by 3 medical specialists (Dr Lehl, Dr Monica and Dr JR Kashyap), 2 Ophthalmologists (Dr Navneet Tuli, Dr Soniya, ,1 Optometrist (Mr Kamal), MSW Jagdeep Singh and Bsc Students (Amrita and Pushpa) 1 Orthopaedic Surgeon (Dr Varinder Pal Singh), 1 General Surgeon(Dr Amritpal Singh) , ENT Surgeon (Dr Prashant) 1 physiotherapist(Damanpreet), and given dietary advice by 2 Dieticians(Rama Bhatia and Bhavneet) of Government Medical College Hospital.
1. The educational material in vernacular, easy to read and in Question/ Answer format was also distributed to the patients. **(Annexure D)**
 2. An audio-visual presentation on good health in old age and prevention of diseases was played for the patients
 3. Blood tests and ECG were done free for the patients on that day and those tests not available at the PHC were provided by a local laboratory (Diagnostic specialties centre) at charitable rates to the organizers. Round the clock tea and snacks were also provided to the patients.
 4. Free medicines were provided with the help of pharmaceutical firms.
 5. A meeting of all doctors and staff involved in the project was conducted from 3-4 PM to evolve the next strategy for a successful outcome of this project.
- iii) **Contact with social welfare organizations/NGOs has been made** who will help socially and financially or provide services at subsidized costs to the needy patients.
- o **Senior Citizens Association:** Senior members of this association Mr PH Vaishnav (President), Brig.(Retd) Keshav Chander, Sh VS Sodhi and Dr AS Ahluwalia had a formal meeting with Dr Lehl who apprised them of the activity and solicited their help. They agreed in principle and Brig.(Retd) Keshav Chander, Sh VS Sodhi ,Dr AS Ahluwalia and Sh Rattan Singh also visited the camp at RHTC Palsora to have an overview of the plan. Dr Lehl apprised them of the need to have an educated group of Healthy Senior Citizens who could be trained in Healthy Aging and could informally spread the message to their colleagues. The members of the association observed that these activities could be conducted through allied organizations but some token payment would have to be made to these persons.
 - o An informal interaction with Mrs. Kamini Tayal, **Sociology Department of MCM DAV College for Girls at Sector 36**, Chandigarh who is interested in organizing activities for senior citizens. Due to Examinations the students could not visit the Camp but She has assured that her students will definitely participate as Research Assistants on token payment / Voluntarily at a subsequent date.
 - o An informal interaction with Mr Vijay Kumar of **Sewa Bharti** who assured help as and when needed.

- An informal interaction with Sh Raghbir Singh, of **Lion's Club** who assured help as and when needed.
 - Dr Reddy's Lab and Lupin Pharma helped by distributing educational material and provided medicines at the camp held at RHTC Palsora.
 - Local medical facilities and chemists
- iv) **Trainer manual in Hindi for the rural elderly developed (Annexure E)**
 The population of elderly is largely illiterate; therefore a translated and abridged version of the Trainer Manual for Community Health Workers by Dr AB Dey was prepared. It carried information on the problem of aging, differentiating old age from disease, medical problems in elderly, identification of the frail elderly person, exercise and diet. This manual is in a module format. There are simple questions at the beginning of each training module. The trainer first asks the questions pertaining to the module and identifies how many of the elders/ volunteers answer the questions. Then the training activity is carried out. At the end of the training they are again asked the questions and the number of correct responses (increase – positive or gain in knowledge); (decrease- negative or no gain in knowledge). This evaluation method has been attempted by our field workers but could not come out with a definite answer as they were not familiar with the concept. It will be formally tested by us in the field with re-training of the workers.
- v) **Medical OPD for Senior Citizens on Thursday** (twice a month) at the PHC to evaluate those needing referral and specialized treatment.
- vi) **Referral:** A pattern of organized referral to the Government Medical College was envisioned based on the referral card.

C) OUTPUT

- i) **Volunteer Activities:** The peons/ attendants of the department of Medicine and other departments who were roped in to assist in the project could not sustain the activity due to working hours.
- ii) **Survey /Field workers:** Three persons agreed to work for the project exclusively in Palsora (RHTC) and Sector 45 (UHTC). 2 workers at RHTC Palsora are still working on the project while the one worker at UHTC left the project. This works out to be an attrition rate of 33% for field workers. However the number is too small to derive statistical value. The reason cited by the person was that she had got a regular job.
- iii) **Survey of senior citizens:** A total of 446 (377 were from field survey and 69 from the rest of the community visiting PHC) senior citizens were surveyed by the field workers on the proforma prepared. The field workers were able to effectively complete the proforma which was analyzed by the MO. An analysis of proforma revealed that 69.2% had need for medical evaluation, 54% had a vision problem while 16.8% had orthopedic problems. The other problems were less common. A revisit of one small cluster of the population by the field worker to encourage them to utilize the health facilities was done. 39 houses were surveyed. 20 were absent from the home at the time of visit, 5 were healthy and agreed to volunteer services, 12 were called for evaluation at the PHC and 7 of them visited the PHC on the designated day. One of the persons in this cluster had died in the intervening period.
- iv) **Geriatric OPD registrations and referrals over the last 6 months**

Over the last four months a total of 112 senior citizens are registered in the PHC of whom 43 belong to the field survey population (n=377) i.e. 11.4 % of the field survey population have visited the geriatric clinic and are being regularly on follow-up. Of the 112 patients, 39 were referred to the medical college of whom 17 documented visits are registered i.e. 34.8% needed referral of whom 43.5% actually visited GMC.

v) **Education of volunteers from the community:** 19 senior citizens were given education on the care of the elderly by the 2 field workers in the community. However, long term results of this activity need to be assessed and it needs to be tested in a larger member of senior citizens to see its effectiveness. A manual in vernacular, from Dr. A.B. Deys' Trainer manual for CHW has been developed for this purpose.

D) RECOMMENDATIONS, Evaluation, including assessment of the training by trainers

i) **Utility of a health survey card:** It is easy to use by field staff. This card has 3 vertical columns and helps in identification of 3 categories of senior citizens.

If the responses are in the first column then the persons is assigned
"A": Healthy

If any response is in the second column but none in the third, then
assigned category is

"B 1": Problem exists but not emergent.

If any response falls in column III then the category is

"B 2": Definite problem and needs early evaluation.

ii) **Senior citizen Health information card and Geriatric Clinic File**

The card will identify the bearer as a senior citizen and help the person avail of the health services on priority. It will also provide useful information to the health care provider on the diagnosis, drugs, allergies, surgeries and socioeconomic data.

The Geriatric clinic file will contain important clinical information, laboratory reports and specialist referrals. The baseline data of these patients is kept in a Senior Citizen Health record file by the Medical specialist.

iii) **In the case of need for referral,** the patients are referred to the GMC, geriatric clinic or to a centre they consider convenient. Referral to the Government Medical College was seen to be successful in 43.5% of the referred cases. However this figure needs to be enhanced by appropriate helpful measures like pooling of patients and transfer by using the Mini-bus at the disposal of the PHC.

iv) **Increasing the patient visits** Higher turnout of patients may be possible if the OPD is on Sundays but this needs to be evaluated by a needs based questionnaire before administrative approval and implementation. It was decided to prepare a small pharmacy of certain essential drugs for common medical conditions e.g. Diabetes, HT, Coronary artery disease, COPD and arthritis. Patients would be given medicines for a week. If the medicines produce desired relief, patients would not mind buying it for further use for continued benefits. Once a need assessment of these drugs is made in the community, then a planned purchase of cost-effective, safe and rational medicines can be made on a regular basis for the PHC pharmacy. The current inventory will be able to provide some data in the next few months. This is being done on a trial basis.

vi) **Role of the field staff in this exercise**

Field staff (HCW) have to be based in the community.

They should do the activity in relation to geriatric care as one part of their total activities.

Enumeration of the population can be easily done by evaluating @ 10 houses/ day and over a 10 day period 100 houses can be surveyed by 2 field staff.

Whether this additional load can be given to the Community Health Workers or Multipurpose Workers needs to be evaluated as these workers are already involved in many programs. One day per week may be allotted for Geriatric surveys and analysis of the morbidity. The data can be given to the Medical Officer and patients are encouraged to use health services.

Revisit by the field staff is easier as they are familiar with the population. About 20 houses/ day/ per person can be done even if the visit is once a week.

vii) Identification and training members from the community in health care.

This has been done in a limited manner in the present activity by using the Education Booklet for health care of the Senior Citizen. This booklet can be used for training and pre and post training evaluation. Conversion of this into a practical and continuous process needs to be evaluated. It could not be assessed how these persons were using the health information to increase the overall awareness of the community. We attempted to enhance the knowledge of the seniors and volunteer seniors through the trainer manual but the statistical evaluation of this exercise by pre- and post- training assessment of the volunteers was not successful possibly because our field workers were not familiar with the assessment process. It needs to be re-evaluated and is being done.

viii) Duties of Medical officers of the PHC: They should be able to handle the common day to day problems of the Senior Citizens and sort them into those who need referral to the medical college and / or for assessment by the Specialist in geriatric/ general medicine.

F) COPY OF THE BACKGROUND DOCUMENTS PREPARED

1. Multi-media slides for Education of Doctors/ community volunteers on Health Care of the elderly.
 2. Manual in Vernacular.
 3. Educational material.
 4. Health Survey Proforma.
 5. Senior Citizen Health Information Card cum Geriatric Clinic File
- 5) Achievements of the activity undertaken in relation to WHO programme area
A model for the health care of the elderly, Health record keeping, Referral and for training volunteers and elderly in the community has been developed and tested. **(Annexure F)**
- 6) Whether the technical report submitted and accepted by the Government/ Ministry of Health and Family Welfare: Report being submitted for evaluation
- 7) Any other comments: NIL

Annexure B

Assessment Proforma for Senior Citizens

Personal Identification

Name		Age	Sex
Address			
		Serial Number	Area Code
Contact Number			

		Assessment Grade			
Age	60-69	1			
	70-79		2		
	80 and over			3	
Sex	Male	1			
	Female		2		
Education	Professional	1			
	Graduate	1			
	Matric	1			
	Less than Matric		2		
	Uneducated			3	
Marital status	Nuclear, Married, spouse living , both independent	1			
	Nuclear, Married, spouse living but dependent, or is dependent on spouse		2		
	Joint, living with children, independent	1			
	Joint, dependant on children		2		
	Joint, children dependant on him/her		2		
	Widow/widower or Unmarried , living with relatives		2		
	Widow/widower or Unmarried, living alone				3
Income	High	1			
	Middle	1			
	Low		2		
	Destitute				3

	Score				
B	Activities form				
.	Rating scale 1-Very satisfactory, 2-satisfactory, 3-poor/ no				
	Does he/she remember name, age, house number, telephone number?	1	2	3	
	Can the person see common objects clearly?	1	2	3	
	Can the person actively talk to you, understand you?	1	2	3	
	Is the person capable of self-care and appear kempt?	1	2	3	
	Can the person get up, walk 10 steps, come back, and sit down?	1	2	3	
	Is the surrounding clean?	1	2	3	
	Is he/she able to do household chores?	1	2	3	
	Is the person capable of buying items outside?	1	2	3	
		1	2	3	
	Worst score				
C	Any diseases				
1	None	0			
2	Arthritis	1			
3	Cardiac			3	
4	Neurological			3	
5	Respiratory			3	
6	Is the person on 4 or more medications other than vitamins?			3	
D	Any hospitalizations				
1	< six months ago	3			
2	6 months – one year ago		2		
3	> one year ago			1	
4	None				0
E	One or more Falls				
1	In the last 6 months	3			
2	>6 months to 1 year		2		
3	> 1 year ago			1	
4	None				0

FIRST CONTACT/VISIT with Shri/Shrimati

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Performa completed by _____ on _____

Serial No.	Item		I	II	III
1.	Age (Years)		60-69	70-79	80+
2.	Sex		Male	Female	
3.	Education				Uneducated
					Primary
				Secondary	
			Graduate		
			Post-graduate		
4.	Family		Joint	Nuclear	Living alone
	Status		Independent	Dependent	Widow
					Widower
					Unmarried
					Separated
	Family Support		Readily available	Not easily available	No
5.	Income (Annual in rupees)		>1.6 lakhs	40000-1.6 lakhs	<40000
					Below poverty line
6.	What does the person expect from the health care system?				

7.	Brief Medical Evaluation	I	II	III
		Yes		No
	Can the person talk to you and understand?	Yes	Not very well	No
	Does the person remember his/her name, age, house number	Yes	Not well	No
	Is the person able to see clearly?	Yes		No
	Can the person walk without much support	Yes, very well	Not well	No
	Limitation of activity	None	Can take care of self	Unable to care for self
	Can the person do household work?	Yes		No
	Can the person buy items from market?	Yes		No
8.	Any medical diseases	No	Vision problem	Coronary(Heart)
		Mild arthritis	Hearing difficulty	Hypertension (BP)
			Severe arthritis	Diabetes
				Neurologic
				Paralysis
				Cancer
9.	Number of medicines the person is taking <i>excluding vitamins</i>	None	Up to 4 drugs	5 or more
10.	Any hospital admissions	None or more than one year ago	One year to 6 months ago	Less than six months ago
11.	OPD visits in last year	None	4 or less	More than 4 times
12.	Any falls	None	One year to 6 months ago	Less than six months ago
13.	<i>Blood pressure</i>	<i><140/90</i>	<i>140-160/90-100</i>	<i>Higher</i>
14.	Weight loss in one year	No	Yes <5 Kg	Yes >+5 Kg
15.	Fatigue or tiredness	No	Slight	Marked
16.	Gripping of hand	Good	Not good	Weak
17.	Gait, or walk	Brisk	Slow	Very slow
18.	Physical activity	Good	Not good	poor

Annexure C

**GOVERNMENT MEDICAL COLLEGE & HOSPITAL
SECTOR 32, CHANDIGARH
DEPARTMENT OF COMMUNITY MEDICINE & GENERAL MEDICINE**

Photograph

Senior Citizen Health Information Card

(Preference may please be given to the bearer of this card in health care services)

Serial No				Area	
Name				Age	
	First Name	Last Name		Sex	
Address	House No.			Income	
	Sector/ Area			Education	
				Occupation	

Family Type	Joint Nuclear Living along	Brief functional Assessment	Independent Partly dependent Dependent
Marital Status :			
Family support :	Available Not Available	Indicator of frailty	Not frail Frail
Contact person	Name / relation		
	Address		
	Contact No.		

Medical disorders	Drugs/ medications	Blood Group
1	1	
2	2	Immunizations
3	3	1
4	4	2
5	5	3
Surgeries	6	
1	ALLERGIES	Last Admission
2	1	
3	2	
Hospital Preference		
CR Number		
Primary Physician	Name :	
	Contact No :	

1. Please fill the form legibly and sign/ print your name here :
2. Patient is requested to get entries on the reverse done whenever contacting any health care services.

Senior Citizen Health Information

Copy of First Page to be retained in the Health Care Facility

Serial No				Area	
Name				Age	
	First Name	Last Name		Sex	
Address	House No.			Income	
	Sector/ Area			Education	
				Occupation	

Family Type	Joint Nuclear Living along	Brief functional Assessment	Independent Partly dependent Dependent
Marital Status:			
Family support :	Available Not Available	Indicator of frailty	Not frail Frail
Contact person	Name / relation		
	Address		
	Contact No.		

Medical disorders	Drugs/ medications	Blood Group
1	1	
2	2	Immunizations
3	3	1
4	4	2
5	5	3
Surgeries	6	
1	ALLERGIES	Last Admission
2	1	
3	2	
Hospital Preference		
CR Number		
Primary Physician	Name :	
	Contact No :	

Please fill the form legibly and sign/ print your name here

GERIATRIC NO.

CENTRE

**GOVERNMENT MEDICAL COLLEGE AND HOSPITAL
Sector 32, Chandigarh – 160 047**

Department of Medicine/ Community Medicine

GERIATRIC CLINIC FILE

Name..... Age and Sex

S/D/W of Occupation

Address Local

Permanent

Tel. No. (Local) Permanent

Contact Person

Date of first visit

Referred by

History Recorded by

Instruction to Residents:

1. Please fill in all columns 2. Record duration of each problem 3. Please write legibly

Informant:

Reliability:

Presenting complaints:

Duration:

1.....

2.....

3.....

4.....

5.....

History of present illness

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Checklist of common complaints

Cardiovascular System

Duration

Chest pain
Palpitations
Dyspnoea
Orthopnoea/ PND
Oedema

Respiratory System

Dyspnoea
Chest Pain
Cough/ Sputum
Haemoptysis

Gastro-intestinal system

Appetite : Good/ Adequate/ Poor
Weight loss (if yes, quantify)
Abdominal pain/ Discomfort/ Dyspepsia/ Vomiting
Haematemesis/ Melena
Jaundice
Bowel habit: Diarrhoea / Constipation/ Alteration in habit
Bleeding per rectum

CNS :

Memory
Speech
Weakness/ Focal deficit
Seizure
Sensory impairment

Urogenital System

Duration

Urgency/ Hesitancy/ Precipitancy
Nocturia
Incontinence/ Dribbling
Post Menopausal Symptoms
Post menopausal bleeding
Uterine prolapse

Endocrine system

Hyper/ Hypothyroidism

Diabetes – Type 2

 Type 1

Other

Psychiatric Disturbance

Changes in mood

Sleep

Depression

Musculo-skeletal system

Pain Localized

 Generalized

Swelling of joints

Painful joints

Neck/ Back pain

EYE:

Vision normal (unaided)/ normal (with glasses)/ diminished

ENT:

Hearing normal (unaided)/ normal (with aid)/ diminished

Family History

Any neurological or psychiatric illness/ Diabetes/ Heart disease/ Hypertension

Social and Personal History

Hobbies

Finances

Psycho-sexual history

Consumption of Alcohol, Tobacco, Drugs

Amount

Duration

State types

Previous Medication

 Allopathic

 Alternative / Homeopathic etc.

History of Injuries

Falls: Spontaneous/ Accidental / Requiring hospital admission.

PAST HISTORY

Surgeries in past Type Indications Year Outcome

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Medical Illness in past Illness Duration Treatment

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Recent Hospital Admissions (Less than 6 months ago) Indication

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EXAMINATION

PHYSICAL EXAMINATION

General	Height.....cms.	Weight	Kgs.
BMI		Waist circumference	
Nourishment		Pulse	Right Left
Pallor		Radials	
Cyanosis		Femorals	
Jaundice		Carotids/ Bruit	
Oedema		Posterior Tibials	
Puffiness of face		Others	
JVP			Supine Standing
Nails		B.P. (U. Limb)	
Lymph Nodes		(L. Limb)	
Skin		Respiratory rate	
Dentition			
Thyroid			
Breast Examination			

CARDIOVASCULAR SYSTEM

Heart Sounds

Murmurs

CHEST

Chest symmetry

Movements

Percussion

Auscultation

ABDOMEN

Hepatomegaly

Splenomegaly

Mass

Rectal examination (when indicated)

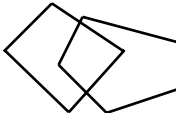
Pelvic examination (when indicated)

Central Nervous System

Hand Preference

Speech

Mini Mental status examination:

Max. Score	Patient's Score	Item
		Orientation
5		What is the (year), (season), (date), (day) and (month)
5		What is the (town), (state), (country), (hospital) and (floor)
		Registration
3		Name three objects (pencil, torch and chair). Then ask patient to repeat. Give 1 point for each correct answer. Repeat until patient learns all 3.
		Attention and Calculation
5		Subtract serial 7s from 100. Stop after 5 answers. 1 point for each correct answer.
		Recall
3		Ask the patient to recall all 3 objects named earlier. 1 point for each correct answer.
		Language
2		Point to a pen and watch and ask for their names. (2 points)
1		Repeat the following. Kacha papad pacca papad. (1 point)
3		Follow a 3-stage command. Take a paper in your right hand, fold it in half and put it on the table. (3 points)
1		Read and obey the following. Close your eyes. (1 point)
1		Write a sentence. (1 point)
1		(Copy a sample design) 
30		

Primitive reflexes: grasp, palmomental, glabellar tap, snout, sucking

Cranial Nerve Examination:

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Motor System

		Right			Left		
Upper limb	Arm	Bulk	Tone	Power	Bulk	Tone	Power
	Fore Arm						
	Hand						
Lower limb	Thigh						
	Leg						
	Foot						

Reflexes

	R	L	R	L	
Jaw Jerk			Knee		
Biceps			Ankle		
Supinator			Abd. Upper		
Triceps			Abd. Lower		
Finger Flexion			Plantar		

(Abbreviations: +++ very brisk, ++ brisk, + present, ± with reinforcement, 0 absent, CL clonus.)

Co-ordination

Involuntary movements

Romberg's

Gait and stance

Shuffling/ Festinant/ Ataxic/ Broad base/ Spastic/ High-stepping/ Circumduction
Pro/retropulsion

Sensory System

(Pin=prick, temperature, light touch, position sense, vibration, deep pain, 2-point discrimination, stereognosis, figure-writing, sensory inattention)

Palpable Peripheral Nerves

Basic and Instrumental Activities of Daily Living: (Please √)

Basic activities of daily living	Independent	Needs Assistance	Unable to do
Bathing			
Dressing			
Transfer form one place to another			
Toileting			
Continence			
Feeding			
Instrumental basic activity of daily living			
Shopping			
Food preparation			
Telephone use			
Laundry			
House Keeping			
Transportation			
Medications			
Finances			

Independent performs tasks without personal assistance with or without the use of assisting devices like cane or walker.

Assessment

PSYCHIATRIC EVALUATION

Chief complaints:

Choose the best answer of how you felt over the past week			
1.	Are you basically satisfied with your life?	Yes	No
2.	Have you dropped many of your activities and interests?	Yes	No
3.	Do you feel that your life is empty?	Yes	No
4.	Do you often get bored?	Yes	No
5.	Are you in good spirits most of the time?	Yes	No
6.	Are you afraid that something bad is going to happen to you?	Yes	No
7.	Do you feel happy most of the time?	Yes	No
8.	Do you often feel helpless?	Yes	No
9.	Do you prefer to stay at home, rather than going out and doing new things?	Yes	No
10.	Do you feel you have more problems with memory than most?	Yes	No
11.	Do you think it is wonderful to be alive now?	Yes	No
12.	Do you feel pretty worthless that way you are now?	Yes	No
13.	Do you feel full of energy?	Yes	No
14.	Do you feel that your situation is hopeless?	Yes	No
15.	Do you think that most people are better off than you are ?	Yes	No

The following answers count one point; Score > 5 indicate probable depression

1. No; 2. Yes; 3 Yes; 5. No; 6: Yes; 7 No; 8 Yes; 9 Yes; 10 Yes; 11 No; 12 Yes; 13 No; 14 Yes; 15 Yes.

Assessment

Plan/ Treatment

OPHTHALMOLOGIC EVALUATION:

Chief complaints:

History and examination:

Visual Acuity	R	L	Pupils	R	L
Uncorrected			Reaction to	Direct	
Distance			light	Consensual	
Corrected			Ocular movements		
Uncorrected			Diplopia		
Reading			Fundi :		
Corrected					
Visual Fields (Please draw in the space provided)					

Investigations:

Treatment:

ENT Evaluation:

Chief complaint:

Physical Examination

Investigation

Treatment:

ORTHOPEDIC EVALUATION :

SPINE

Deformity

Limitation of movement

Tenderness

Bones and Joints

Joints involved Axial/ Appendicular/ Small/ Large/ Symmetric/ Asymmetric

 Tenderness

 Inflammation

 Swelling

 Crepitus

 Deformity

 Mobility

Chief complaints:

Physical examination:

Investigation

Treatment:

PHYSIOTHERAPY EVALUATION:

Chief complaint:

Treatment:

URO-GENITAL SYSTEM EVALUATION:

Chief complaint:

History and examination:

Provisional diagnosis:

Investigations:

Treatment:

DENTAL EVALUATION:

Chief complaint:

Physical Examination

Investigation

Treatment:

Summary of Main Presenting Symptoms and Findings

Provisional diagnosis

Investigations planned

Final diagnosis:

Signature of Resident/ Consultant

Date

Follow up

Date

Follow up

INVESTIGATIONS

Date					
Hemoglobin					
TLC/ DLC					
Platelets					
ESR					
Peripheral Smear					
Reticulocyte count					
FBS/ PPBS					
B. Urea / S. Creatinine					
S. Protein/ Alb/ Glob					
Bilirubin/ Total/ Conjugated					
SGOT/ SGPT/ Alk PO ₄					
S. Ca ⁺⁺ / Phosphate					
S. Uric acid					
Serum cholesterol					
LDL/ VLDL/ HDL					
Triglycerides					
PSA					
S. Acid Phosphatase					
Cervical PAP smear					
Hb A ₁ C					
24 Hrs. Urinary protein					
Urine R/ E					
Alb/ Sugar					
Pus cells					
RBCs					
Casts					
ECG					
ECHO					
X-ray					
Chest/ Others					
USG					
Mammography					
CT Scan/ MRI					

