

INPATIENT CARD

PATIENT DETAILS

Name:	Age:	Sex:
Address:	Patient contact No.	
WAP Card No:	Claim No:	

TREATING DOCTOR DETAILS

NWH Name:	NWH Code:
Treating Doctor:	MCI Reg No
Contact Number:	Qualification:

CLINICAL NOTES

Clinical Notes :
Investigations :
Final Diagnosis :
Therapy/Procedure:

TREATMENT ADVISED

Surgery proposed Date :	Actual Date:
Discharge Date :	

FOLLOWUP DATES

1 st Follow-up	2 nd Follow-up	3 rd Follow-up	4 th Follow-up