



# Rotary Blood Bank Gurgaon

(An ISO 9001: 2015 Certified Blood Bank)



## PATIENT INFORMATION FORM

Name of Hospital: \_\_\_\_\_  
Patient Name: \_\_\_\_\_ Registration No.: \_\_\_\_\_  
Age/ Sex: \_\_\_\_\_ Phone no: \_\_\_\_\_  
Address: \_\_\_\_\_  
E-mail ID: \_\_\_\_\_ Date of Testing Positive for SARS CoV 2: \_\_\_\_\_

<u>Presenting Complaints</u>	<u>Duration</u>	<u>Yes</u>	<u>No</u>
1. Fever			
2. Cough			
3. Breathlessness			
4. Sputum production			
5. Pain Abdomen			
6. Nausea			
7. Anorexia			
8. Diarrhea			
9. Myalgia			
10. Fatigue			
11. Organ Failure (specify 1 or more)			
12. Shock			
13. Any other:			

<u>Patient Parameters</u>	
1. Respiratory Rate	
2. Oxygen Saturation Level	
3. Partial Pressure of Oxygen (PaO <sub>2</sub> )/Oxygen Concentration (FiO <sub>2</sub> )	
4. Lung Infiltrates	Present / Absent
5. Supplemental Oxygen	Yes / No
6. On Mechanical Ventilation	Yes / No

### Sign & Stamp of Treating Consultant:-

\_\_\_\_\_  
Name:- \_\_\_\_\_  
Designation: - \_\_\_\_\_  
Contact Number: - \_\_\_\_\_  
Medical Council Reg. No: - \_\_\_\_\_