

**KUALA LUMPUR HYPERBARIC CENTER**  
**NEW PATIENT ASSESSMENT**



Patient Name : \_\_\_\_\_  
 Referred From : \_\_\_\_\_  
 HBO Physician : \_\_\_\_\_  
 Possible HBOT Indication : \_\_\_\_\_  
 \_\_\_\_\_

**Medical / Surgical History**

	YES	NO		YES	NO
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	H/O Thoracic Surgery	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Sinusitis	<input type="checkbox"/>	<input type="checkbox"/>	H/O Heart Complications	<input type="checkbox"/>	<input type="checkbox"/>
Claustrophobia	<input type="checkbox"/>	<input type="checkbox"/>	H/O ENT Surgery/ Ds	<input type="checkbox"/>	<input type="checkbox"/>
Cong. Spherocytosis	<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker in-situ	<input type="checkbox"/>	<input type="checkbox"/>
Bronchiol Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	H/O Respiratory Infections	<input type="checkbox"/>	<input type="checkbox"/>
Emphysema	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Impairment	<input type="checkbox"/>	<input type="checkbox"/>
Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes Mellitus	<input type="checkbox"/>	<input type="checkbox"/>
H/O Pneumothorax	<input type="checkbox"/>	<input type="checkbox"/>	URTI	<input type="checkbox"/>	<input type="checkbox"/>
H/O Optic Neuritis	<input type="checkbox"/>	<input type="checkbox"/>	Other known illness	_____	

**Other History**

Smoking :  YES  NO \_\_\_\_\_ packets per day  
 Medication :  YES  NO \_\_\_\_\_  
 (medicine)  
 Last meal \_\_\_\_\_  
 Related Medical/Surgical Hx: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**General Examination**

Patients able to communicate : \_\_\_\_\_  
 Appearance: \_\_\_\_\_

Physical Conditions :  Able to walk unassisted  
 Able to walk with assistance  
 Able to sit using wheelchair  
 Bed-ridden

Respiratory Syst \_\_\_\_\_ Cardiovascular syst \_\_\_\_\_  
 Abdomen \_\_\_\_\_ CNS \_\_\_\_\_  
 Other Findings \_\_\_\_\_  
 \_\_\_\_\_

Body Temperature :  °C RBS :  mmol/L  
 Blood Pressure  mmHg Pulse Rate:  /min  
 Regular/Irregular

Assessed by,  
 \_\_\_\_\_  
 .....