

Formulir Pertanyaan Tambahan Kesehatan

Additional Health Inquiry Form

Dilengkapi oleh Dokter yang menangani atau merawat pasien

To be filled in by the treating doctor

Mohon diisi dengan huruf cetak
dan Pilih dengan memberi tanda ☒

Nama Pasien / Patient Name :
Tanggal Lahir / Date of Birth : No. Rekam Medis/Medical Record number :

1 Kapan Pertama kali pasien datang (tgl/bln/thn) /
When did the patient first time come (date/month/year)
Apa diagnosanya, mohon dijelaskan:
What is the diagnosis, please explain more

2 a. Apa keluhan utama pasien (anamnesa)?
What is the main patient's symptoms or complaints (anamnesis)? Dan sejak kapan timbul ? (tgl/bln/th)
And since when did it occur? (date/month/year)

b. Ada keluhan tambahan ? / Any additional symptoms or complaints
3 Diagnosa apa yang ditegakkan pada pasien ini pada penyakitnya yang terakhir ?
What was the primary diagnosis made during their last illness? Dan sejak kapan timbul ? (tgl/bln/th)
And since when did it occur? (date/month/year)

4 Apakah penyakit yang mendasari diagnosa tersebut ?
What was the underlying disease for the diagnosis? Dan sejak kapan timbul ? (tgl/bln/th)
And since when did it occur? (date/month/year)

5 Hasil pemeriksaan penunjang apa yang digunakan untuk mendukung diagnosa tersebut ? Mohon penjelasannya:
What investigation results were used to support the diagnosis? please to explanation more

6 Adakah dokter lain yang merawat pasien ini selain dokter? ☐ Ya ☐ Tidak
Is there any other doctor treating this patient? Yes / No
Bila Ya Sebutkan Nama dokter lain dan alamat praktek yang juga pernah merawat pasien
If Yes, please state the names of other doctors and addresses of practices that have treated patients

7 Sebutkan Riwayat Penyakit Dahulu (RPD)
History of Previously Disease Sejak kapan gejala tersebut timbul ? (tgl/bln/th)
since when these symptoms appear (date/month/year)

8 Apakah sebelumnya pasien pernah menjalani Rawat Jalan ? ☐ Ya ☐ Tidak; Jika Ya mohon sebut dan jelaskan
Has the patient previously undergone outpatient treatment? If Yes, Please explain more
Date/Month/Year - - Diagnosis
Date/Month/Year - - Diagnosis
Date/Month/Year - - Diagnosis

9 Apakah sebelumnya pasien pernah menjalani Rawat Inap ? ☐ Ya ☐ Tidak; Jika Ya mohon sebut dan jelaskan
Has the patient previously undergone inpatient treatment? If Yes, Please explain more
Date/Month/Year - - Diagnosis
Date/Month/Year - - Diagnosis
Date/Month/Year - - Diagnosis

10 Apakah pasien mempunyai riwayat penyakit seperti berikut /
Did the patient have history of the following diseases?

No	History of diseases	Since when (date/month/year)
1	Heart disease	- -
2	Tuberculosis	- -
3	Diabetes Mellitus	- -
4	Stroke	- -
5	Hypertension	- -
6	Chronic Lung Disease	- -
7	Liver	- -
8	Cancer/Tumors	- -
9	Kidney	- -
10	Hepatitis	- -
11	Asthma	- -
12	Other disease of systemic	- -

11. Are there any other symptoms of systemic disease that the patient has experienced?

12. Is there any other information that the Doctor would like to explain?

PERNYATAAN DOKTER / Doctor's Statement

I declare that all of the answers above are correct and complete to the best of my knowledge and believe.

Date :

Doctor's signature &
Name

(.....)