



MALAYSIAN MEDICAL COUNCIL

FORMAT LAPORAN PERUBATAN (MEDICAL REPORT)

Butiran Pesakit (Patient Particulars):

Nama pesakit (Name of patient) :

No K/P (I/C No): Baru (New) Lama (Old)

No Passport (Passport No): MRN:

No Pendaftaran (Reg No): tiada Sementara (Provisional)
 Penuh (Full)

Umur (Age): Jantina (Sex): Lelaki (Male) Perempuan (Female)

Tarikh masuk wad atau menerima rawatan buat kali pertama (Date of admission or receiving treatment for the first time):

Tempat menerima rawatan (Place where patient received treatment):

Jabatan Kecemasan (Emergency Department)

Klinik Pakar (Specialist Clinic) Wad (Ward)

Tarikh discaj dari wad atau meninggal dunia (Date of discharge or death):
.....

Disiplin (Discipline):

Sejarah (History):

(Including Presenting Complaints, History of Presenting complaints, Past Medical History, Family History, Social History and Occupational History, Review of systems, Medical Records reviewed)

SULIT

Pemeriksaan Fisikal (Physical Examination):

(Including general assessment, Eye, ENT, Oral Cavity, Respiratory System, Cardiovascular System, Abdomen, Genitourinary, Central Nervous System, Musculoskeletal, Mental Health Status and Others)

Keputusan ujian makmal dan radiology (Summary of investigations):

Diagnosis (Diagnosis):

Rawatan (Treatment) :

Rumusan prosedur yang dijalankan ke atas pesakit (summary of procedures carried out on patient):

Preskripsi ubat-ubat yang diberikan kepada pesakit (drugs and other medicaments prescribed to patients):

Perkembangan keadaan pesakit sepanjang di bawah penjagaan doktor termasuk rawatan susulan (progress of patient while under the care of the doctor including follow up):

Keadaan pesakit ketika berjumpa kali terakhir dengan doktor (condition of the patient last seen by the doctor): Tarikh (Date):

Cuti sakit/sekolah (Medical certificate/school leave):

Dari (From) hingga (to).....

Surat kerja ringan yang diberikan (light duty given):

Dari (From) hingga (to).....

Laporan disediakan oleh (Report prepared by):

Nama (Name):

NO K/P (I/C No) :..... Jawatan(Designation):
(Designation):

Kelulusan (Qualification) :..... Jabatan(Department):

Tandatangan (Signature):

Tarikh (Date): Masa (Time):

Cop rasmi Hospital (Official Hospital Stamp)