PROFORMA

(A) Demographic Data:

Name ____________ Age ____________ Sex ____________

Race ____________ Occupation ____________ OPD NO. ____________

Indoor No. ____________ Date of admission ____________

Date of Discharge ____________ Dt. of operation ____________

(B) Chief complaints & its duration:

Bleeding ________________ Pain ________________

Constipation ________________ Discharge ________________

Something coming out P/R (Prolapse) ________________

(C) Past History:

Haematemesis ________________ Melina ________________

Diabetes ________________ Hypertension ________________ Operation ________________

Portal Hypertension ________________ Pregnancy ________________

Varicose Vein ________________ Major Illness ________________

Cardiorespiratory ________________

(D) Family History:

Same condition ________________ Varicose Vein ________________

(E) Personal History:

Loss of weight ________________ Loss of Appetite ________________

Diet ________________ Diffi in Mict. ________________
PHYSICAL EXAMINATION:

(F) General Examination:
- Pulse _________ Resp. Rate _____________ Anemia _________
- Palmar Erythma ______________ Pedal Oedema ______________
- Gynecomastia ______________ Jaundice ______________
- Spider Naevi ______________ Varicose Vein ______________
- Lymphadenopathy ______________
- Heart ______________
- Lung ______________
- Abdomen ______________
- Caput medusae / Ascites / Spleenomegaly / Testicular Atrophy

LOCAL EXAMINATION:

(G) P/R Proctoscopy: Degree ______________ Position ______________
- Associated Anorectal condition: Fissure / Fistula / Skin Tag

(H) INVESTIGATIONS:
- Hb ______________ Gm.%
- Others: Bl. sugar / Bl. Urea / Bl. Gr.
- Liver function test / others
- Chest X-ray / ECG
- Sigmoidoscopy / Ba. Enema

(I) Diagnosis: ___________

(J) Treatment: Cryosurgery / Rubber Band
- Ligation / Haemorrhoidectomy.,
(K) POST OPERATIVE COMPLICATIONS:

Post-op.pain: No pain / Mild pain / Severe pain.
Post op.bleeding: Primary / Reactionary / Secondary
Retention of urine: No difficulty / Hot water bag fomentation / Catheterization
Others:

(L) FOLLOW UP:

(1) Subjective Assessment:
Recurrence of symptoms: Bleeding / Prolapse / Pain
Others:
Assessment by the patient:
(a) Excellent / Cured
(b) Satisfactory
(c) Little or no improvement
(d) Time off work

(2) Objective Assessment:
Local Assessment:
Fissure / Fistula / Anal Narrowing / Skin Tag / Others
Proctoscopy: Degree _____________ Position _____________

(M) REMARKS: ____________________________________________________________