



## PERSONAL HEALTH RECORDS - (PHR) පෞද්ගලික සෞඛ්‍ය වාර්ථා

FOR MEMBER'S USE ONLY – සාමාජිකයින්ගේ භාවිතයට පමණි

### YOUR FAMILY DOCTOR - ඔබගේ පවුලේ වෛද්‍යවරයා

DOCTOR'S NAME :

QUALIFICATIONS :

DESIGNATION :

SLMC REG. NUMBER :

ADDRESS OF CLINIC :

CONTACT NUMBER :

 **CHIRA+JEEWA** Medical Service Pvt.Ltd.  
URL: [WWW.CHIRAJEEWA.COM](http://WWW.CHIRAJEEWA.COM) / [WWW.CJMED.LK](http://WWW.CJMED.LK)  
HEALTHY LONG LIFE E-mail: [info@chirajeewa.com](mailto:info@chirajeewa.com) / [chirajeewa@gmail.com](mailto:chirajeewa@gmail.com)  
Company Reg.: PV-130178. PHSRC Reg.: PGP-1454. Hotline: +940774042223/+940703004009



KEEP THIS BOOKLET ALWAYS WITH YOU AND PROVIDE IT TO YOUR DOCTOR ON CONSULTATION.  
මෙය නිරන්තරයෙන් ඔබ ලඟ තබා ගෙන වෛද්‍ය උපදෙස් ගන්නා විට ඉදිරිපත් කරන්න.

**To: Personal Info: web page**

**1. PERSONAL INFORMATION - පෞද්ගලික තොරතුරු**

**Application form - අයදුම් පත:**

NAME WITH INITIALS: \_\_\_\_\_

(FIRST NAME)

(LAST NAME)

GENDER: MALE  FEMALE  CIVIL STATUS: MARRIED  SINGLE

PROFESSION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE – MOBILE: \_\_\_\_\_ LAND: \_\_\_\_\_

N.I.C. NUMBER: \_\_\_\_\_ DATE OF BIRTH: 

D	D	M	M	Y	Y	Y	Y
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E-MAIL: \_\_\_\_\_ FACE BOOK: \_\_\_\_\_

C-J HEALTH PROFILE: USER NAME: \_\_\_\_\_ PASS WORD: \_\_\_\_\_

GOLD MEMBER'S (FAMILY DOCTOR'S) MEMBERSHIP NUMBER: 

C J -	- GM
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 (Compulsory)

SILVER MEMBER'S (AGENT'S) MEMBERSHIP NUMBER: 

C J -	- SM
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I hereby give the consent to proceed considering me as a patients and Chira-Jeewa Medical Service as the medical service provider to safeguard my good health. Further I authorize the release of a full report of clinical history, examination findings, investigatory findings, diagnosis, treatments and follow up plan etc., to any referring or treating physician or dentist on my request. I additionally authorize the release of any medical information to insurance companies or for legal documentation to process claims on my request. I understood that I am responsible for all charges for services given to me. I hereby certify that the medical information given is true and correct. Further I understood the benefits of maintaining my up dated health profile in a personal web page and thus I give the permission for that. I understood that this agreement will be effective until I maintain my Chira-Jeewa membership.

\_\_\_\_\_  

D	D	M	M	Y	Y	Y	Y
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 DATE:

FULL SIGNATURE OF APPLICANT

- If a guardian takes the responsibility of maintaining the membership, details of the guardian.
- භාරකරුවකු විසින් සාමාජිකත්වය පවත්වාගෙන යාමේ වගකීම භාරගනීනම්, භාරකරුවාගේ විස්තර.

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

IF THE GUARDIAN IS A C-J MEMBER, HIS/HER MEMBERSHIP NUMBER: 

C J -
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\_\_\_\_\_  

D	D	M	M	Y	Y	Y	Y
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 DATE:

FULL SIGNATURE OF THE GUARDIAN

To: Monthly Summary web page

2. MONTHLY SUMMARY – I - මාසික සාරාංශය - I

Upload an image of this page monthly – මෙම පිටුව මාසිකව වෙබ් අඩවියට එවන්න.

<b>BLOOD GROUP - රුධිර කාණ්ඩය</b>			HEIGHT - උස	-cm
YOUR HEALTHY / IDEAL BODY WEIGHT - ඔබට තිබිය යුතු නිරෝගී බර				-Kg

2.1 HEALTH SCORES - සෞඛ්‍ය පාඨාංක : YEAR - වර්ෂය

MONTH - මාසය													
WEIGHT- බර (Kg)													
BMI - බර-උස අනුපාතය													
RED SCORE - රතු													
GREEN SCORE- කොළ													
WHITE SCORE - සුදු													

This section has to be filled by the member / guardian. Fill it according to the given 'self-health assessment guideline' before meet your family doctor monthly. මෙම කොටස සාමාජිකයා / භාරකරුවා විසින් පිරවිය යුතුය. මාසයකට වරක් පවුලේ වෛද්‍යවරයා හමුවීමට පෙර, ඔබට සපයා ඇති 'ස්වයං-සෞඛ්‍ය අධ්‍යයන මාර්ගෝපදේශයට' අනුව මෙය පුරවන්න.

- This section has to be filled only by a SLMC registered doctor. මෙම කොටස ශ්‍රී ලංකා වෛද්‍ය සභාවේ ලියාපදිංචි වෛද්‍යවරයෙකු විසින් පමණක් පිරවිය යුතුය.

**2.2 PAST PROBLEMS:** (i.e. Definitive diagnoses, surgeries, allergies, un-diagnosed abnormalities and risk factors found in the past). Please study the already available medical records. Abnormal past symptoms, past physical signs and past investigatory findings can also be a problem. This **problem list** must be updated **monthly** if **new** or **missed** problems are revealed during monthly visits.

Updated on	Problem List	Duration or Date of diagnosis
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To: Health Calendar web page

**3. HEALTH CALENDAR - I - සෞඛ්‍ය කැලෙන්ඩරය-I**

**Upload an image if updated - යාවත්කාලීන කළ පසු වෙබ් අඩවියට එවන්න**

ඔබට දැනට පවතින රෝග වින්ශ්වයන්ට සහ අවධානම් තත්ත්වයන්ට අනුව පහත සඳහන් විශේෂ පරීක්ෂණ හෝ ප්‍රතිකාර කාලානුරූපීව සිදු කළ යුතුය. ඒ සෑම අවස්ථාවකදීම එම වාර්ථා ඔබගේ වෛද්‍යවරයාට පෙන්වා නිසි උපදෙස් ලබා ගත යුතුය. ඔබ ඒවා සිදු කළ පසු ✓ ලකුණ යොදන්න. Because of your current disease conditions and risk factors, the below mentioned investigations and treatments has to be done periodically. You must show the reports to your doctor in each situation to obtain relevant advices. Put a ✓ after finishing your each task.

කාල පරතරය Time period →	කාලානුරූපීව රෝග තත්ත්වය අනුව මෙය වෙනස් විය හැක. This can be changed with time according to disease condition				යාවත්කාලීන කළ දිනය Updated date ↓
	දින - Once in ..... Days කට වරක්	සති - Once in ..... Weeks කට වරක්	මාස - Once in ..... Months කට වරක්	අවුරුදු-Once in ..... Years කට වරක්	
පරීක්ෂණය, සේවාව හෝ ප්‍රතිකාරය. INVESTIGATION / TREATMENT / HEALTH CARE SERVICE		✓		✓	

**3.1 HEALTH EDUCATION SESSIONS / BOOKS - සෞඛ්‍ය අධ්‍යාපනික සැසි / පොත් ලබාදීම.**

DATE-දිනය	TOPIC -මාතෘකාව	DATE-දිනය	TOPIC -

1. MONTHLY HEALTH ASSESSMENT – මාසික සෞඛ්‍ය අධ්‍යයනය.

A rough guide for the family doctor:

Date: 

D	D	M	M	Y	Y	Y	Y
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1.1 Please start with checking the RED and GREEN columns of the 'self-health assessment guideline' which has already been filled by the member. It will give you a good clinical picture about the member before you approach him/her. Pick up the clinically significant symptoms, problems & risk factors on it. Discuss and analyze them using your clinical sense. Finally write here a brief summary of **HISTORY** in point form. (Ex. RIGHT-KNEE JOINT PAIN & SWELLING x 7 DAYS) This is only for your own reference.

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1.2 Now, plan and carry out your routine **PHYSICAL EXAMINATION** part according to the above clinical picture. Brief your important positive and negative findings below. Use your clinical experience to present your findings. (  = N = Normal,  = AB = Abnormal, R = Right side, L = Left side )  
 (Put a ✓ in relevant cage)

**1.2.1 GENERAL:**                  No    Yes                                  No    Yes                                  No    Yes

Looking badly ill			Skin rashes			Nail Signs			
Pallor			Dehydrated			Other Specify			
Icteric			Wounds			Other			
Central cyanosis			Hyper pigmentation			Other			
Goiter			Lymphadenopathy			Other			
Hand signs			Lumps			Other			
Febrile			Ankle edema			Other			
	Side	Write your comments:						N	AB
Pupils - Light reflex etc.	R								
	L								
Ear - Auroscopy if needed	R								
	L								
Throat Laryngoscopy if nd...	R								
	L								
Norse -	R								
	L								
Body weight	- Kg ( Ideal weight =      Kg )								
BMI	- ( Normal value = 18 – 25 )								

**1.2.2 CARDIO VASCULAR SYSTEM:**

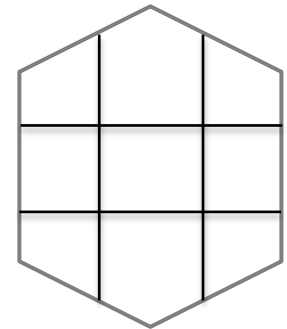
			N	AB
Radial pulse	Rate	_____ / Minute		
	Rhythm	Regular:_____ Irregular:_____		
	Volume	High:_____ Low:_____ Normal:_____		
Blood Pressure	Upper limb	_____ / _____ mmHg		
Heart	Sounds	Comments		
			No	Yes
Varicose veins – Lower limbs	R			
	L			
		Lower limb pulse - Dorsalis pedis	R	
			L	
Heart murmurs / Added sounds				
			Yes	No

**1.2.3 RESPIRATORY SYSTEM:**

		No	Yes			No	Yes
Auscultation - Crepitation	R			Auscultation - Reduced sounds	R		
	L				L		
Rhonchi	R			Tracheal deviation			
	L				Other		

**1.2.4 ABDOMEN:**

		No	Yes			No	Yes
Tenderness				Reduced bowel sound			
Distension				Exaggerated bowel sound			
Masses				Free Fluid / Ascites			
Organomegaly				Renal angle tenderness			
		N	AB			N	AB
Hernial Orifices	R			Rectal examination			
	L				Findings		



**1.2.5 MALE GENITALIA:** (If needed)

Findings: \_\_\_\_\_ N  AB

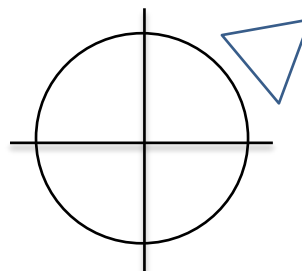
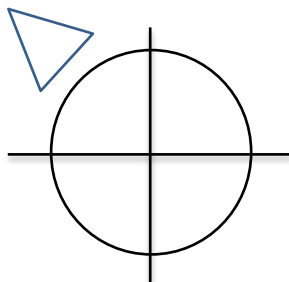
**1.2.6 FEMALE GENITALIA :** (Vaginal Examination - If needed)

Findings: \_\_\_\_\_ N  AB

**1.2.7 BREAST EXAMINATION:**

(R) Breast & Axilla

(L) Breast & Axilla



	No	Yes
Tenderness		
Lumps		
Nipple discharge		
Skin changes		
Axillary nodes		
Other		

**1.2.8 CENTRAL NERVOUS SYSTEM:**

**1.2.9 MENTAL STATE EXAMINATION**

		N	AB			N	AB
Vision With glasses!	R			LL-Tone	R		
	L				L		
Fundi (If needed)	R			LL - Power	R		
	L				L		
Cranial Nerves	R			LL - Reflexes	R		
	L				L		
Sensation	R			Skull	R		
	L				L		
UL -Tone	R			Coordination	R		
	L				L		
UL – Power	R			Gait			
	L			Speech			
UL - Reflexes	R			Spine			
	L			Other			

	N	AB
Behavior		
Mood		
Beliefs		
Orientation		
Short term memory		
Long term memory		
Insight / Rapport		
Nonverbal behavior (Body Language)		
Hallucinations		
Delusions		
Other		

Need opinion from a Neurologist: No  Yes  Need opinion from a Psychiatrist: No  Yes

1.3 Now, check most recent **SPECIAL INVESTIGATION** reports brought by the member. Please document the results below.

[To: Lab Reports web page](#)

**Upload an image of section 1.3 monthly - 1.3 කොටස මාසිකව වෙබ් අඩවියට එවන්න**

Date & test	RESULT	N	AB	Date & test	RESULT	N	AB

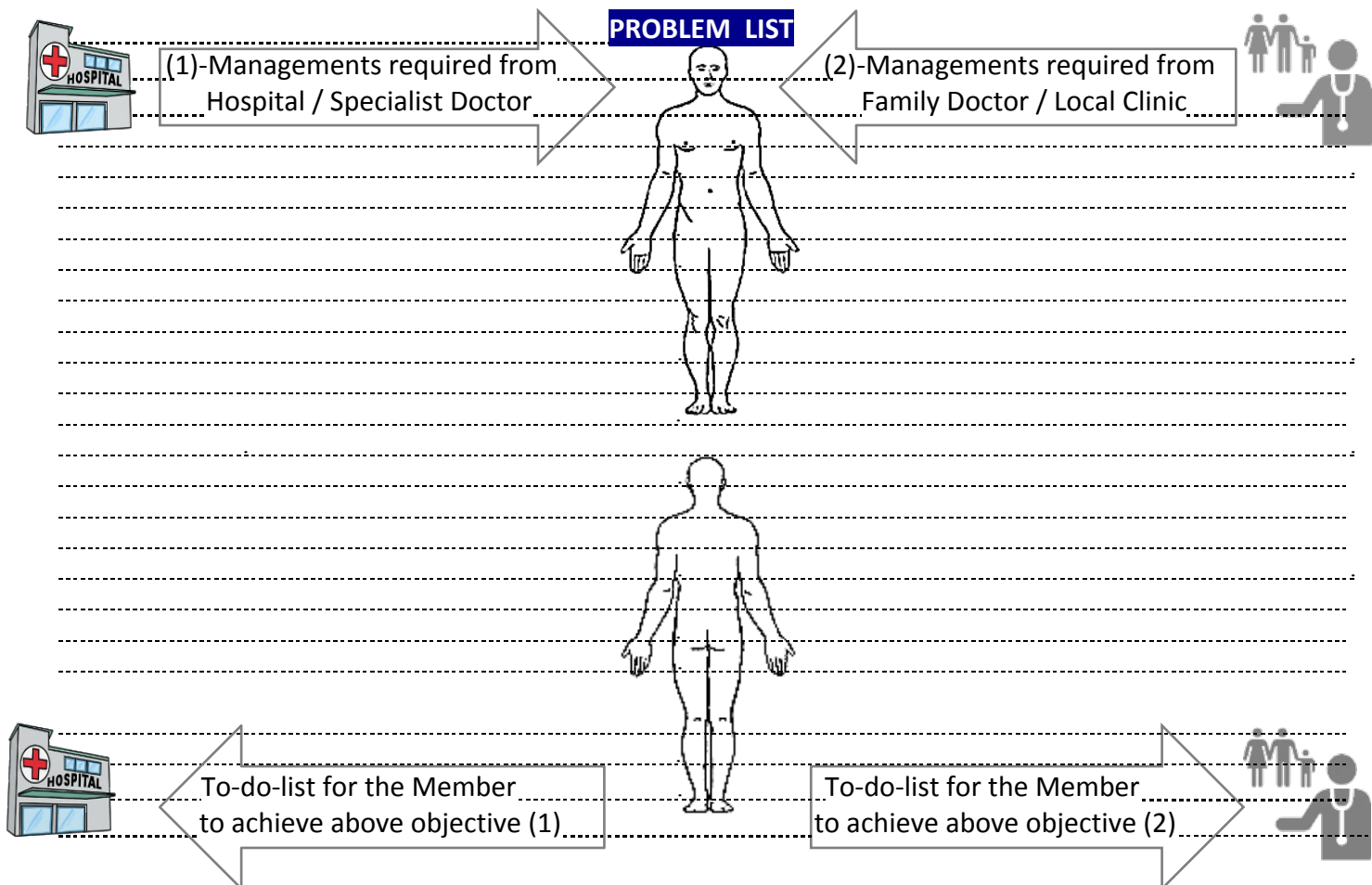


1.4 Now, follow the check list below. Arrange your future **PLAN OF MANAGEMENT** for this 'case'.

- 1-First, go through the above health information (Patient journey) again. Pay attention to red shaded columns. Pick up the problems. i.e. Important positive/negative/abnormal findings. Please fill the 'MONTHLY SUMMARY-II' in page 8. Update 'MONTHLY SUMMARY-I' in page 2.
- 2-Then, use '*Complete feedback loop (CFL)*' flow chart below, to sketch your notes and mind-map your plan of management. Your plan must give solutions for our member's following needs.

- 1-Solutions for new problems found in **today's visit**.
- 2-Specific advices in understandable language (verbal / written) to deliver above solutions.
- 3-Additional special investigations list for the next visit.
- 4-Referrals to specialist doctors (if relevant), with feedback plan.
- 5-Optimization of drug regimen. Mention the reasons for major changes.
- 6-Help the member to create a 'to-do-list' (Health calendar) for the next month onwards. Update the 'HEALTH CARE PLAN' in page 3, if indicated.
- 7- Help the member to use '*e-health profile*' to facilitate health management. Help him/her to upload **up-to-date** health information to the **correct page** of the '*e-health profile*'.

• **Complete Feedback Loop (CFL) flow chart:**





**To: Monthly Summary web page**

**2. MONTHLY SUMMARY – II - මාසික සාරාංශය - II**

**Upload an image of this page monthly - මෙම පිටුව මාසිකව වෙබ් අඩවියට එවන්න**

**2.1 CURRENT PROBLEMS:** (i.e. New definitive diagnoses, surgeries, allergies, un-diagnosed abnormalities found in **today's visit**). Abnormal symptoms, physical signs and investigatory findings can also be a problem. Please do not repeat past problems (in Page 2) here again.

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**2.2 RISK FACTORS:** (Found in Family, Social history, Diet, Environment, Occupation etc. in **today's visit**)

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**2.3 CURRENT MEDICATIONS :** ( Please mention generic names & reasons for changes as far as possible)

(Ex. ORAL - PENICILLINE

500mg QDS 5 DAYS)

**Route. Medication. Dose. Frequency. Duration.**

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SIGNATURE OF DOCTOR

D	D	M	M	Y	Y	Y	Y
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DATE

.....  
STAMP OF DOCTOR

**3. HEALTH CALENDAR – II :**

D	D	M	M	Y	Y	Y	Y
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To: Health Calendar web page

**Upload an image of this page monthly - මෙම පිටුව මාසිකව වෙබ් අඩවියට එවන්න**

**3.1 TO-DO-LIST FOR THE NEXT MONTH - ඊළඟ මාසය සඳහා සිදු කළ යුතු දේවල් ලැයිස්තුව:**

(Write the letter demarcated for each to-do-list, in calendar, on due date)

THINGS AND INVESTIGATIONS TO DO – සිදු කළ යුතු දේවල් සහ පරීක්ෂණ.	GIVEN LETTER දුන් අක්ෂරය
	<b>A</b>
	<b>B</b>
	<b>C</b>
	<b>D</b>
	<b>E</b>
	<b>F</b>

**3.2 HEALTH CALENDAR - සෞඛ්‍ය කැලැන්ඩරය :**

- Put **X** on the today's date of visit - පැමිණි (අද) දිනය **X** ලෙස ලකුණු කරන්න
- You must complete the things demarcated by each letter, on or before the due date on calendar.
- අක්ෂරයට අදාළ දේවල් කැලැන්ඩරයේ වූ නියමිත දිනයට හෝ ඊට පෙර සිදු කළ යුතුය.

THIS MONTH- මෙම මාසය (                    - 2018)                    NEXT MONTH - ඊළඟ මාසය (                    - 2018)

1	2	3	4	5	6	7	Ex. ↓	1	2	3	4	5	6	7
8	9	10	11	12	13	14	A	8	9	10	11	12	13	14
15	16	17	18	19	20	21	XB	15	16	17	18	19	20	21
22	23	24	25	26	27	28	X	22	23	24	25	26	27	28
29	30	31					XCD E	29	30	31	1	2	3	4

**3.3 DATE FOR THE NEXT VISIT – නැවත පැමිණීමේ දිනය :**

- Put **X** on date for the next visit too. නැවත පැමිණීමේ දිනයද **X** ලෙස ලකුණු කරන්න
- Recommendation:** Meet your doctor again in .....Days / Weeks / Months. You must have completed the to-do-list above, on time, before come again.
- නිර්දේශය :** නැවතත් දින / සති / මාස ..... කින් ඔබගේ වෛද්‍යවරයා හමුවන්න. ඉහත සඳහන් සිදුකළ යුතු දේවල් සහ පරීක්ෂණ ලැයිස්තුව නැවත පැමිණීමට පෙර, නියමිත දිනයට ඔබ විසින් සම්පූර්ණ කර තිබිය යුතුය.

3. FOLLOW UP NOTES:

Upload only important notes as images - වැදගත් සටහන් පමණක් වෙබ් අඩවියට එවන්න  
(Use this page for \* Referral letters \* Feedback letters from specialists \* Written health advices \* Short follow up notes in-between two full assessments etc. Please attach additional pages if required.)

3.4 ADVICES IN SINHALA / TAMIL – TO THE MEMBER : සිංහල / දමිළ උපදෙස් - සාමාජිකයාට :

To: C-J advice web page

.....  
.....  
.....  
.....  
.....

3.5 REFERRALS TO SPECIALIST DOCTORS - විශේෂඥ වෛද්‍යවරුන් වෙත යොමු කිරීම්.

To: Follow up web page

Date: .....  
Dr:.....  
Consultant / Specialist.....

Dear sir /madam,  
I would be grateful if you can see this patient and document your advice regarding future specialist management of his / her following problems.

.....  
.....  
.....  
.....

An up-to-date problem list and a comprehensive medical record are attached herewith.  
Thanks and regards,

.....  
Signature & stamp

3.6 ADVICES FROM SPECIALIST DOCTORS – විශේෂඥ වෛද්‍ය වරුන්ගේ උපදෙස්.

To: Specialist Advice web page

For family doctor’s attention:.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

.....  
Signature & stamp of specialist doctor Date: .....

3.7 SHORT FOLLOW UP NOTES -

To: Follow up web page

*health care for all health care for all* ???!! 😞

*health care for all health care for all* ✓ 👍 😊