

ANNEXURE – I

PROFORMA

PERSONAL DATA:

Name: _____ Age: _____ Sex: _____
OP/ IP No. : _____ Ward No.: _____
Occupation: _____ DOA: _____ D.O.D: _____
Address: _____ Case No.: _____ Socio-economic status: _____

PRESENTING COMPLAINTS AND DURATION:

PAST HISTORY:

Ear discharge/pain in the ear/swelling/loss of hearing/fever/headache/common Cold/
sore throat/any other.

FAMILY HISTORY:

PERSONAL HISTORY:

- a. Swimming
- b. Habit of putting oil into ear
- c. Precaution while taking bath
- d. Personal hygiene
- e. Environment of the house
- f. Food habits

EXAMINATION

1. GENERAL EXAMINATION

Built-

Nutritional status-

Anaemia-

Jaundice-

Cyanosis-

B. P. -

Temperature-

Lymphadenopathy:

1. Local

2. General

2. SYSTEMIC EXAMINATION

a. C.V.S:

b. R.S.:

c. P.A.:

d. C.N.S:

3. EAR, NOSE AND THROAT EXAMINATION

A. EAR Right Left

a. Pinna:

b. Pre auricular region:

c. Post auricular region:

d. External auditory canal:

e. Mastoid tenderness:

f. Character of discharge:

• Quantity:

• Quality:

• Colour:

- Odour:

g. Tympanic membrane:

Perforation - Present/Absent

- Site

- Size

h. Ossicles

i. Condition of middle ear mucosa

j. Presence of fluid/pus in middle ear

k. Mastoid tenderness – present / absent

l) Tuning fork test Right Left

- Rinne
- Weber's
- Absolute bone conduction

B. NOSE

a. External appearance

b. Anterior rhinoscopy

c. Posterior rhinoscopy

d. Tenderness over paranasal sinuses

C. THROAT

a. Oropharynx

b. Indirect laryngoscopy

4. DIAGNOSIS:

5. INVESTIGATIONS:

a) Blood: Hb%- TC- DC- ESR-

b) Urine: Albumin- Sugar- Microscopy-

c) X-ray

d) CT scan – Temporal bone

e) Microbiological Investigations

Culture

Sensitive to

6. TREATMENT: