

# Dr Nadia Khan

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Practice Number 0482676

Paediatrician

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**Patient Name:** \_\_\_\_\_ **Current Weight:** \_\_\_\_\_ **Kgs.**

- Why is your child needing to see Dr Khan?

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- When was the last time you saw Dr Khan? What was prescribed (if you can recall)?

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- Were there any tests conducted (x-rays/bloods)?

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- Have you seen other medical professionals since your last visit (GP, Dietician, Gastroenterologist)?

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## If your child is sick, please fill in the below:

- Duration of complaint?

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- Do their siblings have similar symptoms (if applicable)?

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- Any other symptoms?

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- Medication given (chronic/symptomatic treatment):

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- Have you been to another doctor? If so, who:

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- Have any tests been conducted since your last visit to Dr Khan? (x-ray/bloods)

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_