

**CIC MEDIPLAN - MEDICAL
REPORT FORM**

Client Information

Name Age Gender Occupation Marital Status

Physical Examination

General Assessment

Vital Signs

Temperature Pulse rate Respiration Rate Initial BP Repeat BP (After 1hr rest) SPO2 Height (cm) Weight (Kgs) BMI (kg/m2)

Other parameters

Pallor ☐ Jaundice ☐ Cyanosis ☐ Clubbing ☐ Pedal Oedema ☐ Goiter ☐Lymphadenopathy ☐ Thrush ☐ Wasting ☐

Comments:

Medical History (Please tick accordingly)

Ischemic heart Disease Y/NAsthma Y/NAllergic skin conditions Y/NMental illness Y/NHeart Disease Y/NDiabetes Y/NHypertension Y/NCancer Y/NStroke Y/NCovid19 Y/N

Family History (Please tick accordingly)

Ischemic heart Disease Y/NAsthma Y/NAllergic skin conditions Y/NDiabetes Y/NHypertension Y/NCancer Y/NMental illness Y/NSudden death Y/NStroke Y/NHeart Disease Y/N

Social History

Number of children Consumption of tobacco Y/N Duration Consumption of Alcohol Y/N Duration History of narcotic use Y/N

Medical and surgical history

Chronic condition Food and drug allergies Surgical operations Injuries/road traffic accidents Physical disability (give details)

History of admissions within the last 5yrs

Date	Diagnosis	Hospital	Year
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Systemic Exam

Cardiovascular System

Pulse – Weak / feeble / Strong / full / bounding

Regularity – regular / Irregular

Tachycardia / Bradycardia

Palpation- Blood vessels

- Precordium

Auscultation

Respiratory System

Chest pain (Y/N) If yes, specify position

Chronic cough (Y/N) Obstructive pulmonary disease (Y/N)

Hemoptysis (Y/N)

Digestive System

Oral cavity

Dental carries

Esophageal /abdominal pain Bowel habits

Indigestion and bloating PUD

Auscultation Percussion

Prostate exam/ enlargement by PR (Men)

Others (please specify)

Breast exam

Appearance Any discharge Lumps

Symmetry: Symmetrical/Asymmetrical

Any other findings on exam

Neurological Assessment

Assessment of Cerebral function /Cranial nerves/ Motor and Reflexes e.g. Pupillary reflex/Achilles reflex

Any history of Seizure disorders Dizziness/Fainting

Visual disturbances Pain Neuropathy

Mental status Gait Balance and coordination

Cataracts/other eye condition Vision Hearing

Neurological disorders/Deficits

Comments

Musculoskeletal System

Limbs /Spine Gait Musculature

SLR Right leg Left leg

Any other findings on exam

Skin

Describe any Warts/Scars/ keloids /lesions/incisions/skin marks/tattoos

Any other findings

Immune system

(Please tick where applicable) Lymphadenopathy / Urticarial rash / Purpura / Inflammation / dermatitis / Allergies

Others (Specify) _____

Genitourinary system Assessment

(Please tick accordingly) Dysuria / Frequency / Urgency / Incontinence / Catheter in situ / Urine retention / incomplete voiding / Incontinence _____

Others/ Comments _____

Reproductive System

(Please tick accordingly) PV Discharge(women) / Ulcer / Masses/ Tenderness / Pain / PV Bleeding / Speculum exam

Comments _____

Gynecological/Obstetric history (Please tick accordingly)

Fibroids /myomectomy/ AUB _____

Obstetric History: Parity _____

Gravida _____

Any surgeries? _____

Comments _____

Conclusion /Recommendations _____

Overall health status (Please tick where applicable)

Excellent ☐

Good ☐

Fair ☐

Poor ☐

Diagnostics to be done

☐ Fasting Blood Sugar

☐ Serum Creatinine

☐ PSA (Male)

☐ Full Haemogram

☐ HBA1C

☐ CXR

☐ Urinalysis

☐ ECG

☐ Serum cholesterol

☐ Gamma GT

☐ Stool for occult blood

☐ TSH

☐ Papsmear (Female below 65)

Attending Doctor (Sign & Names) _____

Qualification _____

Date _____

Official Stamp _____

Hospital _____

Hard copies should be issued to the client in a seal envelop and scan copies (Filled Medex form & medical results) shared to the email

medicalreports@cic.co.ke;

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