

mpox Clerking Guide

PARTICULAR OF PATIENT							
Name of clinic					Clerking date		
Name					I/C No.		
Age		Sex			Tel No.		
Occupation			Address				
TRAVEL HISTORY IN THE LAST 21 DAYS							
Country			Departure Date			Return Date	
CONTACT HISTORY (PLEASE TICK ✓)							
No contact history		Household			Close/sexual		
CLINICAL ONSET & SYMPTOMS (PLEASE TICK ✓)							
Date of onset of first symptom					Date of last exposure to contact		
Fever		Rash	Site(s) of rash				
Headache		Sore throat	Skin redness/pain		Lymphadenopathy		
Lethargy		Backache	Myalgia		Nausea/Vomiting		
Proctitis		SOB	Nasal congestion/ cough		Reduced vision		
Others (Please specify):							
PHYSICAL EXAMINATION							
Temperature		Blood pressure			Pulse Rate	Respiratory Rate	
SPO2		Pain score			Hydration	Throat	
Lymph nodes		Lungs			Genitalia		
Description of skin rash							
Others (ie Visual acuity)							
RISK FACTORS (PLEASE TICK ✓)							
HIV		Diabetes		Heart Disease		CKD	
Liver disease		Kidney Disease		Malignancy		Pregnancy (POA)	
Extreme age (< 2 y/o or >60 y/o)		Immunosuppressed		Bed bound		Home isolation not feasible: (Please specify reason)	
Others:							
TYPE OF SPECIMEN COLLECTED							
CASE CLASSIFICATION	<input type="checkbox"/> Suspected case <input type="checkbox"/> Probable case <input type="checkbox"/> Confirmed case <input type="checkbox"/> Close contact surveillance						
MANAGEMENT (PLEASE TICK ✓)							
	Stable, home isolation				Admission		
Plan of Management and Prescription					Clerked by (Name, stamp & contact number)		