



LAPORAN PENILAIAN PESAKIT
UNIT PERUBATAN TRADISIONAL DAN KOMPLEMENTARI (PT&K)
HOSPITAL KEMENTERIAN KESIHATAN MALAYSIA
(POST TRADITIONAL AND COMPLEMENTARY MEDICINE [T&CM] SERVICES
EVALUATION FORM)

Nama Pesakit (Patient's Name) : _____

No. Kad Pengenalan/ Pasport (IC. No/ Passport) : _____

RN No : _____

Umur (Age) : _____ **Jantina (Gender) :** _____ **Bangsa (Race) :** _____

1) Diagnosa Pesakit/ Patient's Diagnosis:

2) Aduan Pesakit/ Chief Complaints:

3) Perkhidmatan PT&K yang diberikan/ T&CM service provided:

Jenis Perkhidmatan (Type of Service):
Jumlah sesi (Number of session): _____ Tempoh (Duration): _____
Regim perkhidmatan PT&K tamat? (T&CM Service regime completed?): Ya / Yes [<input type="checkbox"/>] Tidak/ No [<input type="checkbox"/>]

4) Perkembangan Pesakit/ Patient's Progress:

(Sila isikan mana yang berkaitan/ Please fill in which is relevant)

Assessment Tools	Sebelum Perkhidmatan PT&K (Pre-T&CM Service)	Pertengahan Perkhidmatan PT&K (Mid-T&CM Service)	Selepas Perkhidmatan PT&K (Post-T&CM Service)
Pain Scale/ VAS Score			
MBI			
Lain-lain (Others):			

5) Isu Kesihatan Berbangkit (sekiranya ada)/ Arising Health Issues (If any):

6) Cadangan/ Recommendation:

7) Tandatangan Pengamal PT&K dan Cop/
Traditional and Complementary Medicine Practitioner Signature and Stamp:

8) Tarikh :

Guideline for Completing the Post T&CM Services Evaluation Form by a T&CM Practitioner

1. Patient's Personal Details

Patient's details area (name, age, gender, race, identification number and hospital registration number) need to be filled in. This information can be sourced from the patient's T&CM service record

2. Patient's Diagnosis

The patient's diagnosis must be the same as the prescribed diagnosis from the RMP.

3. Chief Complaints

Chief complaints are the initial reasons for the patient to seek medical treatment. It may be similar to the information presented in Care Extension to T&CM Services Form completed by a RMP (refer Appendix A).

4. T&CM Service Provided

To mention the type of T&CM service (modality) provided to the patient including the number of sessions, duration of service and whether the patient had successfully completed the prescribed T&CM regime.

5. Patient's Progress

To describe:

- (i) Patient's progress after completing the prescribed T&CM service (e.g. positive/negative changes towards chief complaints or other signs and symptoms);
- (ii) The relevant assessment tools used to measure the effectiveness of the treatment regime pre-, mid- and post- T&CM service; or
- (iii) T&CM practitioner's justification if patient is found unsuitable to receive T&CM services due to arising health issues such as new contraindications, complications, adverse events, side effects etc.

6. Arising Health Issues

To describe health issues that have arised (e.g. new contraindications, complications, adverse events, side effects etc.) during/ after receiving the prescribed T&CM service.

7. Recommendation

Upon successful completion of the prescribed T&CM service, the T&CM practitioner may recommend the RMP to:

- (i) Continue the patient on receiving further T&CM services; or
- (ii) To evaluate the patient for other treatments/ procedures available in the hospital.

8. T&CM Practitioner's Signature and Stamp

The T&CM practitioner shall initial and stamp at the designated area.

9. Date

To put the date of signature and stamp of the T&CM practitioner