Patient Details
Name: Click here to enter text.
Age: Click here to enter text.
Sex: M [ ]  F [ ]
Site: WHH [ ]  KCH [ ]  QEQM [ ]
Date when seen: Click here to enter a date.

I have added several additional form fields such as when entering names, age, days etc. I have also added check boxes as requested. To create these yourself make sure you have the Developer ribbon open. To do this click the Office button and then select Word Options at the bottom. In the first page of options choose ‘Show Developer Ribbon’.

In the Developer ribbon in the Controls group you will find the Content Control buttons, the Date Picker and of course the Check Box button. All you have to do is select the place on your document where you wish to place the control and then click the relative control.

To use this form, I suggest you save it as a template first and then protect the form.

To use the form you must protect the data from accidental edits. To do this click the Restrict Editing button found in the Protect group on the Developer ribbon.

In the Restrict formatting and editing pane tick the check box in No 2. Click the drop-down arrow and select Filling in forms. Add a password if you think it’s necessary. Then click the button in the 3rd section, ‘Yes, Start Enforcing Protection’.

Now you can fill in the form.

I hope this helps.

Rodney

Presentation
Acute [ ]  Sub acute [ ]
Left sided [ ]  Right sided [ ]  Bilateral [ ]
First presentation [ ]  Recurrence [ ]
BP – Checked [ ]  Not checked [ ]
Ear vesicles – Yes [ ]  No [ ]
Duration of illness: <24hrs [ ]  24-48hrs [ ]  48-72hrs [ ]  >72hrs [ ]
Investigations – FBC [ ]  Lyme’s serology [ ]  Virus screen [ ]

Treatment
Conservative [ ]
Steroids alone [ ]
Steroid + Acyclovir [ ]
If steroid used:
Preparation: Prednisolone [ ]  Dexamethasone [ ]
Dose: 1mg/kg [ ]  2mg/kg [ ]  4mg/kg [ ]
Duration: Full dose Click here to enter text.days
Tapering Click here to enter text. days
Duration of acyclovir if used : Click here to enter text. days

Outcome
Recovered completely : Yes [ ]  No [ ]
Duration of recovery : Click here to enter text. days
Partial recovery : Yes [ ]  No [ ]
Referred to neurology : Yes [ ]  No [ ]