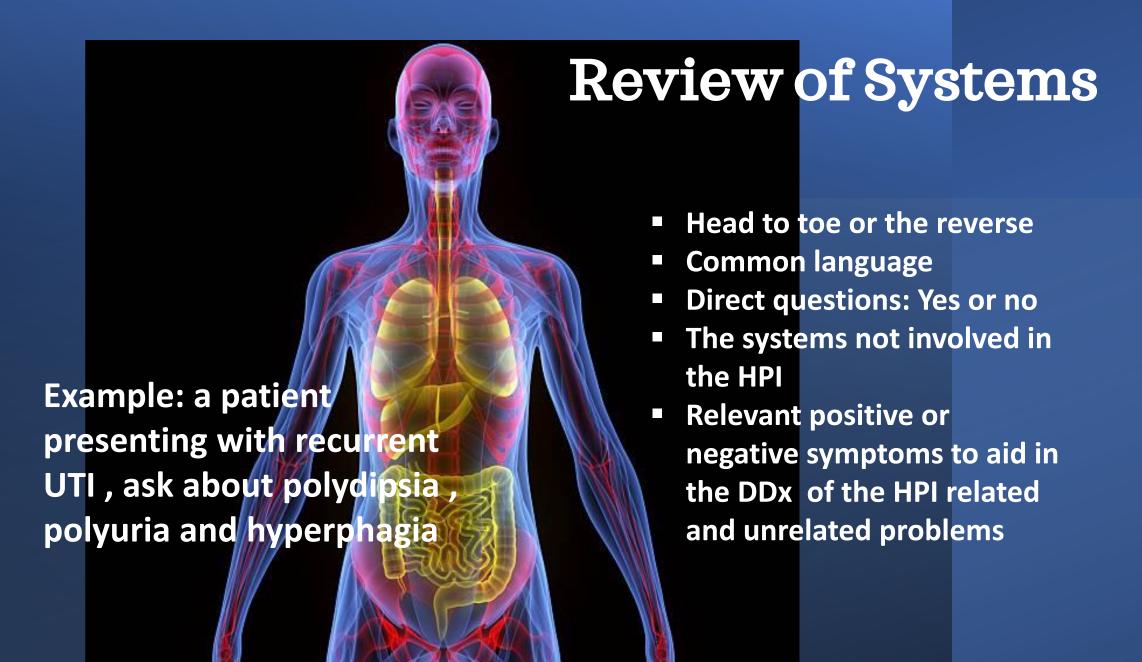


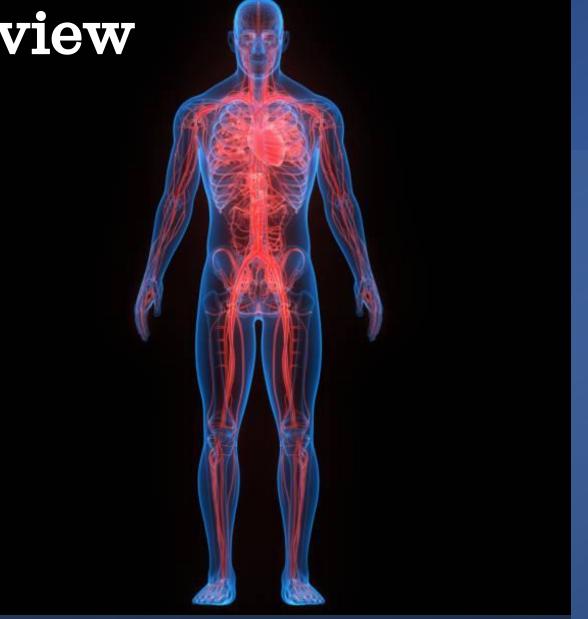
CONSTITUTION COMPO	nents of the Hi	STORY SKIN	
Activity change  Appetite change	Leg swelling	Pallor	
Chills	Palpitations	Rash	
Diaphoresis	Gastrointestinal Wound		
The patient profile	Abdominal distention	ALLERGY/IMMUNO	
Fever Patricité profité	Abdominal pain	Environmental allergies	
Cluexico d weight thange,	Anal bleeding	Food allergies	
Chief Complaint	Blood in stool	Immunocompromised	
Congestion	Constipation	NEUROLOGICAL	
History of presenting illness		Dizziness	
		Facial asymmetry	
Ear discharge	Rectal pain	Headaches	
<b>Review of Systems</b>	Vomiting	Light-headedness Numbness	
racial swelling	ENDOCRINE  Cold intolerance	Seizures	
Past medical history	Heat intolerance	Speech difficulty	
Nosebleeds	Polydipsia	Syncope	
D Restard list our	Polyphagia	Tremors	
Drug history	Polyuria	Weakness	
Sinus prossure	Genitourinary	HEMATOLOGIC	
Family history	Difficulty urinating	Adenopathy	
Sore threat	Dysuria	Bruises/bleeds easily	
C Tinnitus	Enuresis	PSYCHIATRIC	
Social history	Flank pain	Agitation	
voice change	Frequency	Behavior problem	
Occupational history	Genital sore	Confusion	
Occupational mistory	Hematuria	Decreased concentration	
Eye itching			
Personal history			
Eye rediress			
Personal history Photophobia Visual disturbance RESPIRATORY	Penile discharge Penile pain Penile swelling Scrotal swelling Testicular pain Urgency	Dysphoric mood  Hallucinations  Hyperactive  Nervous/anxious  Self-injury  Sleep disturbance	



General Review

General weakness
Fever
Rigors
Weight change
Cyanosis

**Jaundice** 



Nervous System

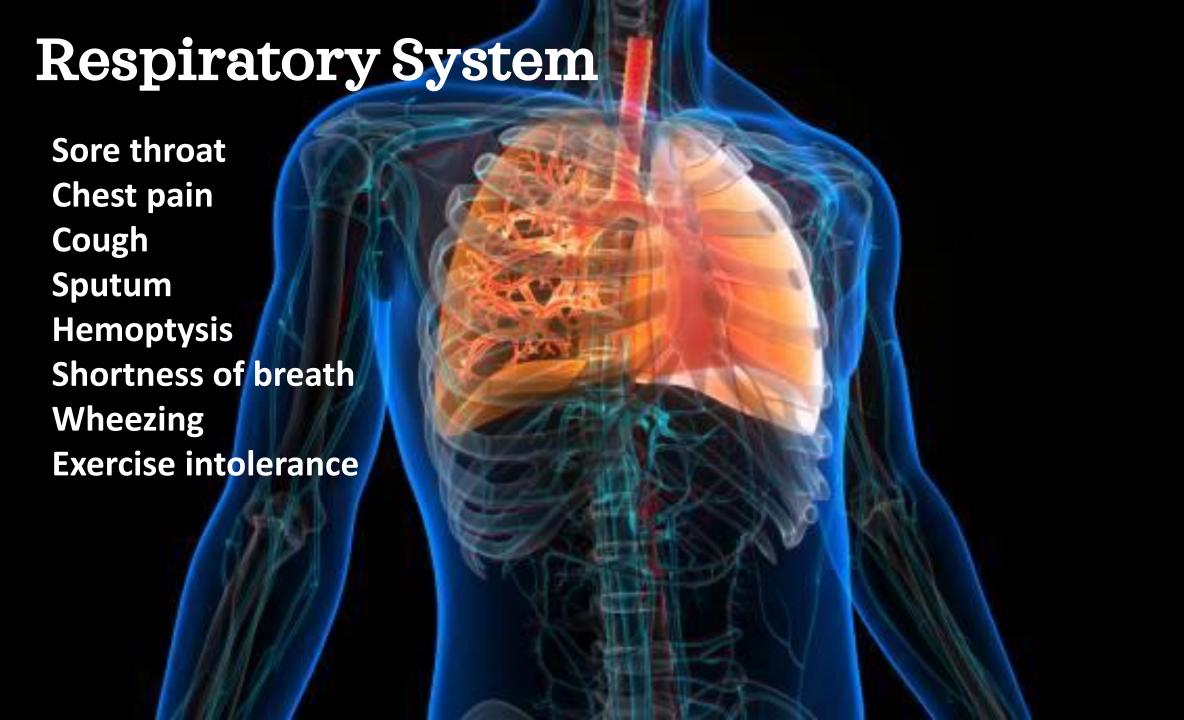
Headache Dizziness/ vertigo Paranesthesia/ Weakness Loss of consciousness/ Fits / Convulsions

**Tremors** 

Memory loss

Head & Neck

Senses problems **Neck masses Neck pain** 





## Cardiovascular System

**Chest pain** 

**Palpitations** 

**Dyspnea** 

Paroxysmal nocturnal dyspnea

Orthopnea

**Ankle swelling** 

Intermittent claudication

**Change in hands or feet color** 

**Dizziness** 

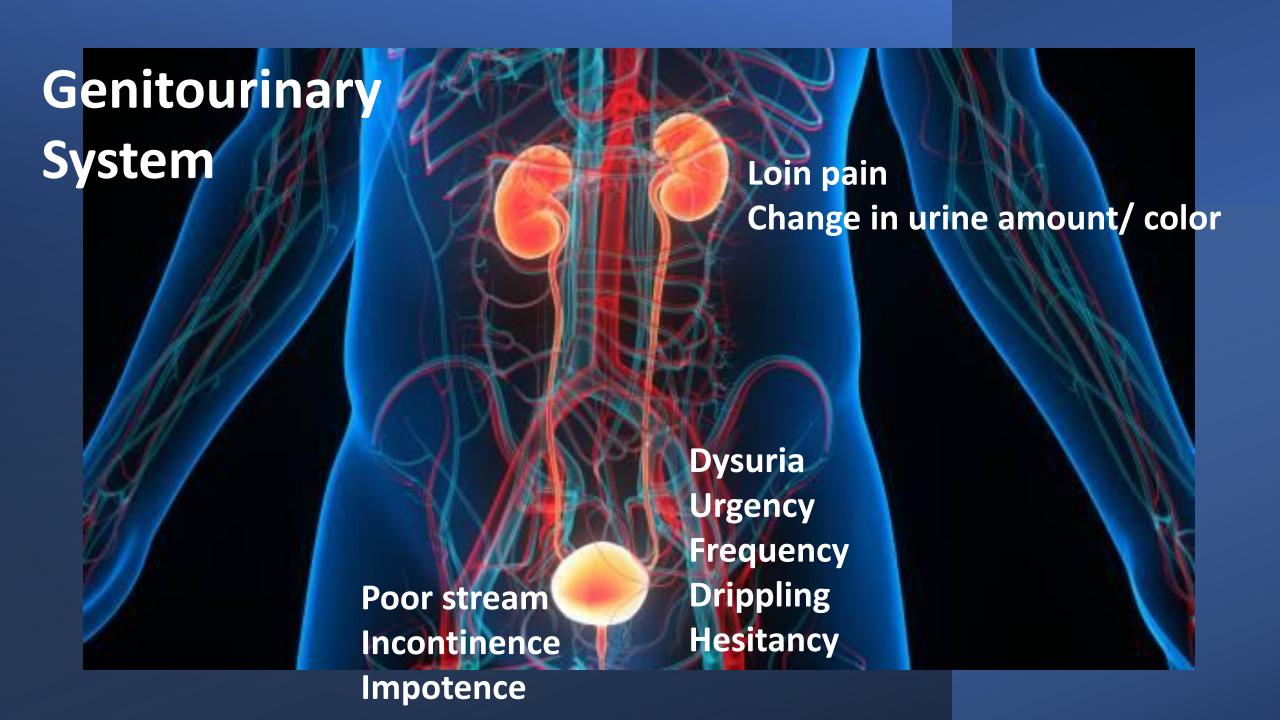
**General weakness** 



**Mouth ulcers Dentures** 

Abdominal pain **Distension** Nausea **Vomiting** Hematemesis

**Rectal bleeding** Mucus discharge **Tenesmus** 





Age of menarche/ menopause
Frequency, duration and quantity of menses
Dysmenorrhea
Vaginal discharge



Polydipsia
Hyperphagia
Heat or cold intolerance
Skin and hair changes
Change in hat, gloves, or
shoes size
Excessive sweating

Musculoske letal System



Limb or joint pain
Joint swelling
Limitation of movement
Joint locking
Gait disturbances

#### Past Medical History

Chronic illnesses (Confirmed diagnoses, not signs and/or symptoms)

**Operations** 

**Previous admissions** 

**Trauma** 

**Blood transfusion** 

**Bleeding tendency** 

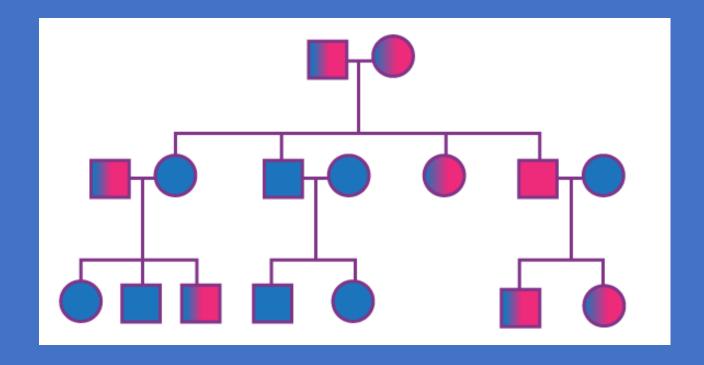


# Parents, brothers and sisters, sons and daughters (1st degree relatives)

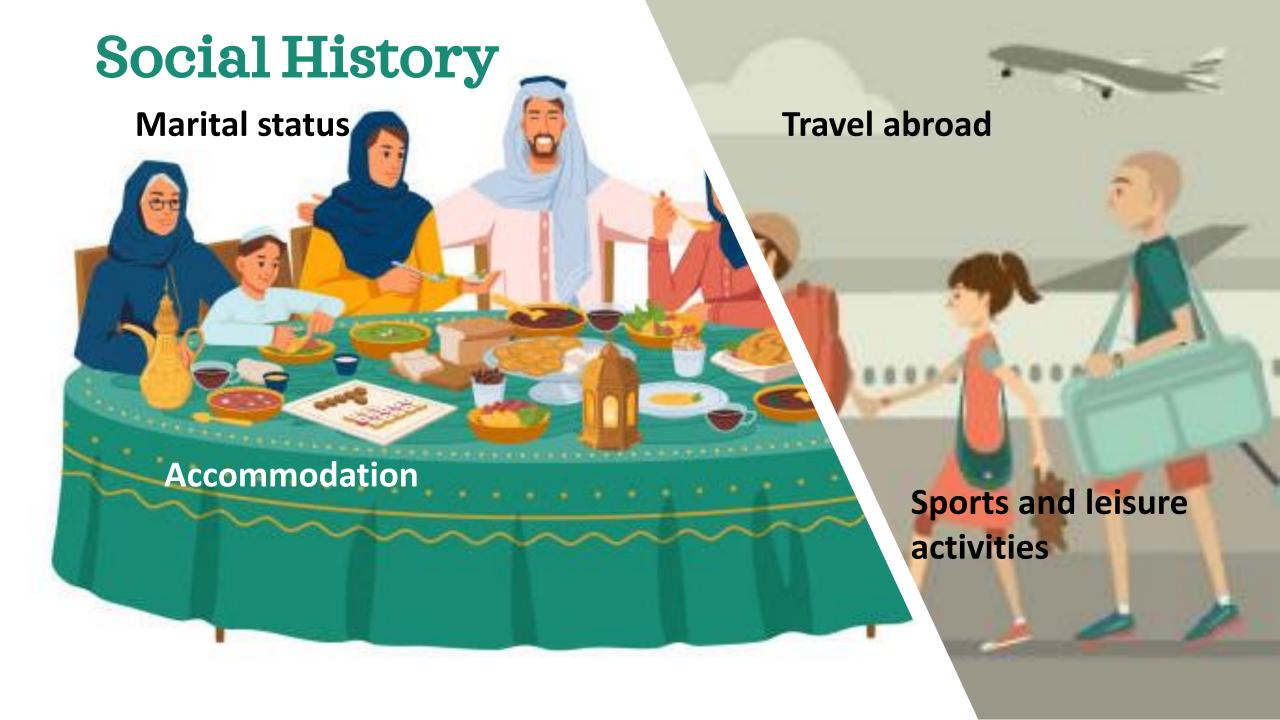


Illnesses, causes of death, age

### Family History



In children, ask about drugs during pregnancy





# **Upbringing Study**



**Medical insurance** 

#### Personal History

Alcohol Drugs



**Smoking** 

Packs-year= Number of cigarettes smoked per day × Number of years smoking

