

## History Form

Name \_\_\_\_\_, Age \_\_\_\_\_, Male  Female   
Single  Married  Divorced  Widow  Lives in \_\_\_\_\_  
Works as \_\_\_\_\_, Pt was admitted via \_\_\_\_\_ on \_\_\_\_\_ day  
time \_\_\_\_\_. History was taken by me \_\_\_\_\_, a 4<sup>th</sup> year med student on \_\_\_\_\_ day  
time \_\_\_\_\_.

**Chief Complaint:** (use pt's own words + Clarify, Precise and concise).

- 1) \_\_\_\_\_ for duration \_\_\_\_\_
- 2) \_\_\_\_\_ for duration \_\_\_\_\_
- 3) \_\_\_\_\_ for duration \_\_\_\_\_

### SOB:

- **How did the breathlessness come on?**  
كيف نفسك بالليل او لما ترتاح؟ بزيد ضيق التنفس لما تستلقي؟  
Asthma usually wakes patients, COPD is comfortable at rest and sleep, if provoked by lying down (orthopnea) may be an indication of heart failure.
- **How is your breathing during rest and overnight?** Is it caused by lying down?  
كيف نفسك بالليل او لما ترتاح؟ بزيد ضيق النفس لما تستلقي؟  
Asthma usually wakes patients, COPD is comfortable at rest and sleep, if provoked by lying down (orthopnea) may be an indication of heart failure.
- **Is your breathing normal some days?**  
نفسك يكون طبيعي في بعض الأيام؟  
Hallmark of asthma.
- **When does the breathlessness come on?**  
متى بصير معك ضيق نفس؟ مثال بصير خلال التمرين و لا بعده؟  
Asthma appears after exercise, COPD.
- **Tell me something you do that would make you breathless? How far can you walk in a good day?**  
احكي لي شي بتعمله بخلي عندك ضيق نفس؟ كم المسافة الي ممكن تمشيها باليوم؟  
MRC breathlessness scale 1-5. E.g.: 1 stands for not troubled by breathlessness.  
Certain phrases may suggest a psychological etiology: I feel I can't get enough air into my chest  
بتحس انه ما بتقدر تستنشق هواء كافي؟

### HPI:

Site \_\_\_\_\_, Localized / Generalized

Onset: gradual /sudden  , while doing \_\_\_\_\_

if gradual, rate of development \_\_\_\_\_

Character \_\_\_\_\_

Radiation \_\_\_\_\_

**Constitutional** symptoms: fever  , chills  , rigors  , weight loss  , Fatigue  ,  
night sweating  , \_\_\_\_\_

### Cough:

- **Duration of the cough?** كم مدة السعال؟
- **Whether it is present every day?** موجودة كل يوم؟

- **Is it associated with sputum production?** بطلع مع السعال بلغم؟
  - **Are there any triggers?** شو الي بحفز السعال؟
  - **If it is intrusive/irresistible or whether the patient coughs to clear a perceived obstruction?** هل السعال إرادي ولا ما بتقدر تقاومه؟ هل بتسعل لانه بتحس في اشي مسكر؟
  - **Associated symptoms (wheeze, heartburn, altered voice or swallowing).** هل بصاحبها أعراض ثانية زي صفير او حرقة معدة او صوتك بتغير وبصير في مشاكل بالبلع؟
  - **History of smoking?** بتدخن/ي؟
  - **Drugs history?** شو بتوخذ/ي أدوية؟
- ACE inhibitors may trigger cough

#### WHEEZES: الصفير

- **Is the wheeze worse during or after exercise?** الصفير أسوأ خلال التمرين و لا بعده؟  
Same as breathlessness
- **Do you wake with wheeze during the night?** بتصحى مع صفير خلال النوم؟  
Suggests asthma.
- **Is it worse to wake up in the morning and relieved by clearing sputum?** يكون الصفير اسوأ  
اول ما تصحى من النوم و بخف لما تطلع بلغم؟  
Common is COPD.
- **History of smoking?** بتدخن/ي؟
- **History of allergies?** عندك حساسية؟  
Having hay fever is common in allergic asthma.
- **Are there daily volumes of yellow or green sputum, sometimes with blood?** بتسعل دم أصفر  
أو اخضر و يكون معه دم و لا لا؟  
Suggests bronchiectasis.

#### SPUTUM: بلغم

- **What is the color of sputum?** شو لون البلغم؟
- **Amount of sputum?** كم كمية البلغم الي بتخرجها و هل تغيرت الكمية مع الوقت؟
- **What is the consistency of sputum?** هل بتزيد لزوجة البلغم مع الوقت؟  
هل البلغم زاد مع الوقت و من كم الها معك هاي الحالة؟

#### HEMOPTYSIS: سعال او نفث الدم

- **Was the blood coughed up from the chest?** متأكدة أنه الدم بيطلع من صدرك مش من مكان ثاني مثل حنجرتك أو أنفك أو لثنتك؟
- **Amount of blood?** كم كمية الدم الي بتسعلها؟
- **Is it pure blood or mixed with sputum?** هل يكون مع الدم بلغم او لا؟ اذا لا اسأل عن لون الدم و حجمه و ثباته
- **Duration and frequency?** اسأل عن المدة والتكرار

**SLEEPINESS: النعاس**

Excessive daytime sleepiness may be a symptom of sleep-related breathing disorder (OSA, OSASH)

- Normal sleeping habit? عادات نومك اليومية؟
- Shift or night work? بتشتغل مناوبات ليلية؟
- Does the patient wake up refreshed or exhausted? بتصحى منتعش و لا منهك؟
- Have they struggled to stay awake in the day? بتواجه مشاكل بانك تضل صاحي خلال النهار؟
- Seek description of any night-time breathing disturbance from a bed partner.

إذا كان شريك المريض سواء زوج او زوجة او اي شخص اخر موجود اسأل عن عادات النوم لهذا المريض منهم

**STRIDOR: الفحيح**

- Ask the patient if he/she has stridor but mostly it's audible. اسأل المريض اذا عنده فحيح او لا لكن معظم الأحيان انت بتسمعه، وممكن تضطر تشرح للمريض شو هو الفحيح اللي هو اهتزاز محسوس بالقصبات الهوائية، وبرضو لازم تلاحظ متى بكون موجود هاد الفحيح: خلال الشهيق أو الزفير أو الاثنين

**CHEST PAIN: check for SOCRATES**

**WEIGHT LOSS: Ask about weight loss?**

Timing: duration of \_\_\_\_\_ since onset, pattern is episodic  / continuous  if

episodic: duration of attack \_\_\_\_\_, Frequency (every how many) \_\_\_\_\_

course: progressive  (changes in severity) \_\_\_\_\_

specific diurnal variations \_\_\_\_\_

Exacerbated by \_\_\_\_\_

and relieved by \_\_\_\_\_

(MRC) 1-5 \_\_\_\_\_

Hx of similar complaint \_\_\_\_\_

Ask about risk factors, Pertinent positives and negatives, All the relevant system's symptoms, and relevant past medical and social history \_\_\_\_\_

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**Pets**

**Drugs**

**Homing**

**Travel history**

**Occupation history**

**Vaccinations**

**Home O2 therapy**

**Family and medical history (relevant)**

**Nebulizers and inhalers**

**History of upper respiratory tract infections**

**History of ill contact**

**History of previous attacks**

**ROS:**

**General:**

- Well-being: \_\_\_\_\_,  Sleep: \_\_\_\_\_
- Appetite: \_\_\_\_\_,  Mood: \_\_\_\_\_
- Energy: \_\_\_\_\_,  Wt change \_\_KG to \_\_KG within \_\_\_\_\_

**CVS**

- Chest pain \_\_\_\_\_,  Palpitations: rate \_\_\_\_\_ rhythm \_\_\_\_\_
- Breathlessness: \_\_\_\_\_ gradual/sudden, precipitating factors \_\_\_\_\_
- Orthopnea, relieved by \_\_\_\_ pillows frequency \_\_\_\_\_, duration \_\_\_\_\_, Syncope \_\_\_\_\_
- PND around time \_\_\_\_\_ exercise effect worsen/ better / no change on
- minimal effort like \_\_\_\_\_  Pain on walking (claudication) yes/no
- NYHA CLASS \_\_\_\_\_ distance \_\_\_\_\_, relieved on rest? \_\_\_\_\_
- CANADIAN CLASS \_\_\_\_\_ unilateral/bilateral, location \_\_\_\_\_
- Ankle swelling \_\_\_\_\_

**RS (always ask about duration + frequency + consistency + onset + progression)**

- Shortness of breath  Cough (Dry, productive), Sound \_\_\_\_\_
- Sputum (serous/mucous/purulent/rusty), timing (day/night), associated symp. \_\_\_\_\_
- amount \_\_\_\_\_, smell+color+taste \_\_\_\_\_ exac/relieving \_\_\_\_\_
- blood \_\_\_\_\_, masses \_\_\_\_\_  Hemoptysis \_\_\_\_\_
- Wheezes (on insp/expi), (persistence/not)  Chest pain when inspi/coughing?  Hoarseness
- (at night/on wakening)  Stidor (inspi/expi)

**GI**

- Oral ulcers (painful/painless) (recurrent/not)  Carries/other procedures \_\_\_\_\_
- Dysphagia (solids/liquids/both) which level \_\_\_\_\_
- odynophagia (pain swallowing)  Nausea  Vomiting, color+amount \_\_\_\_\_
- Indigestion  Heartburn blood \_\_\_\_\_, content \_\_\_\_\_ projectile?
- Abd. Pain

Site _____, Localized <input type="checkbox"/> / Generalized <input type="checkbox"/> Onset: gradual <input type="checkbox"/> /sudden <input type="checkbox"/> , while doing _____ if gradual, rate of development _____
Character _____ Radiation _____ Associated symptoms: nausea <input type="checkbox"/> , vomit <input type="checkbox"/> , fever <input type="checkbox"/> , chills <input type="checkbox"/> , rigors <input type="checkbox"/> , weight loss <input type="checkbox"/> , headache <input type="checkbox"/> , sweating <input type="checkbox"/> , cough <input type="checkbox"/> , _____ Timing: duration of _____ since onset, pattern is episodic <input type="checkbox"/> / continuous <input type="checkbox"/> if episodic: duration of attack _____, Frequency (every how many) _____ course: progressive <input type="checkbox"/> (changes in severity) _____
specific diurnal variations _____
Exacerbated by _____ and relieved by _____ Severity (0-10) _____

- Change in bowel movements \_\_\_\_\_ normal habit was \_\_\_\_\_ times daily, changed to \_\_\_\_\_
- Change of color of stool to \_\_\_\_\_, Consistency of stool \_\_\_\_\_
- Diarrhea  Constipation  Blood in stool  \_\_\_\_\_

## URO

Irritative symptoms:  Frequency  Nocturia  Urgency

Obstructive symptoms:  Retention  Hesitancy/Straining  Poor stream  Terminal Dribbling

Feeling of incomplete voiding

Abnormal Voiding:  Dysuria  Hematuria (Initial/Terminal/Total)

Volume:  Polyuria  Oliguria

Competence:  Incontinence (Stress/Urge/Overflow)

## Genital-Men

Urethral discharge  Erectile difficulties

## Genital-Women

Last menstrual period \_\_\_\_\_, timing and regularity \_\_\_\_\_

Abnormal bleeding \_\_\_\_\_,  Vaginal discharge \_\_\_\_\_

Contraception \_\_\_\_\_

Pain during intercourse \_\_\_\_\_

## Endocrine

Heat or cold intolerance  Excess thirst (polydipsia)  Change in sweating

## Musculoskeletal

joint pain  stiffness  swelling of joints  limited range of motion in particular joint \_\_\_\_\_

Falls, Why \_\_\_\_\_, associated with \_\_\_\_\_, trauma? \_\_\_\_\_

## Nervous

Headache, when \_\_\_\_\_ why \_\_\_\_\_ associated with \_\_\_\_\_

Dizziness, vertigo? \_\_\_\_\_ Light-headedness? \_\_\_\_\_, \_\_\_\_\_

fainting \_\_\_\_\_,  Fits \_\_\_\_\_

altered sensations (tingling, burning, pins)  Weakness \_\_\_\_\_

Visual disturbances \_\_\_\_\_,  hearing problems \_\_\_\_\_

Memory and concentration \_\_\_\_\_

## Other

Bleeding \_\_\_\_\_

Skin Rash \_\_\_\_\_



Allergies and symptoms \_\_\_\_\_

Remedies/Herbs \_\_\_\_\_

OTC \_\_\_\_\_

Compliance to each \_\_\_\_\_

### Family Hx

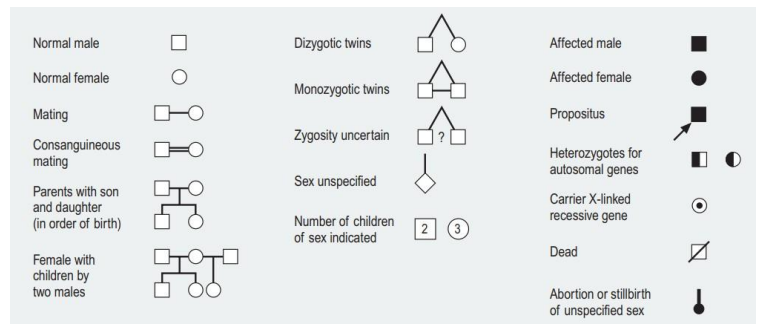
Dad living/Died of \_\_\_\_\_ at age of \_\_\_\_\_

Mom living/Died of \_\_\_\_\_ at age of \_\_\_\_\_

Documented illnesses \_\_\_\_\_

Similar complains \_\_\_\_\_

Pedigree:



**Social Hx**

Exercise \_\_\_\_\_, diet \_\_\_\_\_, homing \_\_\_\_\_

Pets \_\_\_\_\_

Travel \_\_\_\_\_

Sexual Hx \_\_\_\_\_

Smoking

Smoker, \_\_\_\_\_ packs/day, for \_\_\_\_\_ years

Ex-smoker, quit for/since \_\_\_\_\_

Quite smoking since \_\_\_\_\_

Passive smoker

**Alcohol**

**CAGE:** Cut down (1), Annoyed (1), Guilty (1), Eye opener (1)

Regular drinker

at occasions

how much?

Vaccination \_\_\_\_\_

Drug Abuse \_\_\_\_\_

Insurance \_\_\_\_\_

Who helps at home? \_\_\_\_\_