

Station (1): Abdominal pain

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Site					
5 Onset (sudden or gradual)					
Character (colicky, tight, vague, burning)					
6 Radiation (yes or no, if yes to where?)					
7 Timing (constant, intermittent)					
8 Course over time (better, same, progressive)					
9 Exacerbating factors					
10 Relieving factors					
11 Severity, previous similar hx?					
Associated symptoms in the same system (GI) :					
12 Nausea and vomiting					
13 Change in bowel habit (diarrhea/constipation) And abdominal distention					
14 Hematemesis or hematochezia					
15 Heartburn, dysphagia or odenophagia					
16 Jaundice					

Item	1	2	3	4	5
17 Mouth or peri anal ulcers					
Associated symptoms with other systems:					
18 ROS mainly urinary sx (see station 12) and hx of trauma					
Associated B-symptoms:					
19 Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history:					
20 Past medical hx (HTN, DM, Celiac, IBD)					
21 Upper on lower endoscopy?					
22 Past surgical hx (appendectomy, cholecystectomy)					
23 Drugs for chronic diseases					
24 Specific dugs (Paracetamole, NSAIDs, antibiotics, steroids)					
25 Family hx of GI disease (FMF, colon CA, celiac)					
25 Occupation (needle stick?)					
27 Smoking and pack year					
28 Alcohol and tattoos					
29 Recent travel hx or blood transfusion					
30 Diet (fatty meal, street food)					
31 Gynecological hx if female : -If married; ask if pregnant or not - Last menstrual period, Regular or not					

Station (2): vomiting

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Frequency (how many times/day)					
5 Content (food, blood, bile, faeculent)					
6 Projectile (yes or no)					
7 Related to meals (yes or no)					
8 Spontaneous or self induced or posttussive					
Associated symptoms in the same system (GI) :					
9 Abdominal pain					
10 Nausea					
11 Change in bowel habit (diarrhea/constipation) And abdominal distention					
12 Hematochezia					
13 Heartburn, dysphagia or odenophagia					
14 Jaundice					
15 Mouth or peri anal ulcers					
Associated symptoms with other systems:					
16 ROS mainly CNS sx (almost skip) and hx of trauma					

Item	1	2	3	4	5
Associated B-symptoms:					
17	Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)				
Remnants of the history:					
18	Past medical hx (HTN, DM, Addison, IBS, Liver failure, CKD)				
19	Upper or lower endoscopy?				
20	Past surgical hx				
21	Drugs for chronic diseases				
22	Specific drugs (Paracetamol, NSAIDs, antibiotics, opioids, digoxin, cytotoxics, SSRIs and antidepressants)				
23	Family hx of GI disease (FMF, colon CA, celiac)				
24	Occupation (needle stick?)				
25	Smoking and pack year				
26	Alcohol and tattoos				
27	Recent travel hx or blood transfusion				
28	Diet (fatty meal, street food)				
29	Gynecological hx if female : -If married; ask if pregnant or not -Last menstrual period -Regular or not				

Station (3): Diarrhea

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Frequency (how many times/day)					
5 Content (blood or mucous or pus)					
Consistency (watery, soft)					
7 Volume					
8 Color					
9 Relation to fasting or eating (improves or worsens with each of them)					
Associated symptoms in the same system (GI) :					
10 Abdominal pain					
11 Nausea and vomiting					
12 Tenesmus or Incontinence or distention					
13 Alternating with constipation (yes or no)					
14 Jaundice					
15 Mouth or peri anal ulcers					
Associated symptoms with other systems:					
16 ROS (almost skip)					
Associated B-symptoms:					

Item	1	2	3	4	5
17 Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history:					
18 Past medical hx (HTN, DM, IBS, IBD)					
19 Upper on lower endoscopy?					
20 Past surgical hx					
21 Drugs for chronic diseases					
22 Specific dugs (antibiotics, laxatives, PPI)					
23 Family hx of GI disease (celiac, IBD)					
24 Occupation (restaurant, work with animals)					
25 Smoking and pack year					
26 Alcohol and tattoos					
27 Diet (fatty meal, street food)					
28 Recent travel hx and to where					



Station (4): Jaundice

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Where was seen (sclera, skin), by whom?					
5 Course with time (progressive, same, better)					
6 Associated with itching (yes or no)					
7 Bleeding tendency, easy bruising (yes or no)					
8 Exacerbating factors (stress, fasting)					
9 Previous similar hx					
Associated symptoms in the same system (GI) :					
10 Abdominal pain					
11 Nausea and vomiting					
12 Color of stool and urine					
13 Change in bowel habits					
14 Hematemesis or hematochezia					
15 Abdominal distention					
Associated symptoms with other systems:					
16 ROS (almost skip)					

Item	1	2	3	4	5
Associated B-symptoms:					
17	Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)				
Remnants of the history:					
18	Past medical hx (HTN, DM, G.B stones, liver failure, Pancreatic CA, Cholangiocarcinoma, G6PD, Spherocytosis, Sickle cell, autoimmune diseases like celiac and thyroid)				
19	Upper on lower endoscopy?				
20	Past surgical hx				
21	Drugs for chronic diseases				
22	Specific dugs (Paracetamole/Rifampicin/Isoniazid/Flucloxacillin/ cytotoxics)				
23	Family hx of GI disease (Pancreatic CA, Gilbert's Syndrome)				
24	Occupation (needle stick)				
25	Smoking and pack year				
26	Alcohol and tattoos				
27	Blood transfusion or IV drugs				
28	Immunizations and hx of sick contact				
29	Recent travel hx and to where				
30	Diet (fatty meal, street food)				

Station (5): Dysphagia

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Course with time (progressive, same, better)					
5 Timing (always or intermittent)					
6 For solids or liquids or both (which is worse?)					
7 Level of feeling the food sticks at					
8 Painful (odynophagia) or painless					
9 Exacerbating and relieving factors					
Associated symptoms in the same system (GI) :					
10 Abdominal pain					
11 Nausea and vomiting					
12 Heartburn					
13 Change in bowel habits.					
14 Hematemesis or hematochezia					
15 Halitosis, Globus, mouth or peri anal ulcers					
Associated symptoms with other systems:					
16 ROS; neurological sx for Myasthenia gravis or CVA, Respiratory sx and hx of aspiration, endocrine sx for thyroid					

Item	1	2	3	4	5
Associated B-symptoms:					
17	Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)				
Remnants of the history:					
18	Past medical hx (HTN, DM, thyroid, Myasthenia Gravis, CVA, hx of alkali ingestion)				
19	Upper or lower endoscopy or esophageal dilatation				
20	Past surgical hx				
21	Drugs for chronic diseases				
22	Specific drugs (steroids immunosuppressant) can cause esophagitis				
23	Family hx of GI or neurological or thyroid diseases				
24	Occupation (exposure to radiation)				
25	Smoking and pack year				
26	Alcohol				
27	Diet (impact of dysphagia on it)				



Station (6): GI bleeding (Hematemesis or Hematochezia)

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Frequency (how many times)					
5 Course with time (progressive, same, better)					
6 Amount of blood					
7 How it appears (clots, streaks, active bleeding, mixed with stool)					
8 When it appears (beginning or finishing or all through)					
9 What is the exact color (fresh red, dark brown, black)					
10 Risk factor; forceful vomiting or anal fissure					
11 Bleeding tendency, easy bruising, bleeding from other sites than the GI tract (yes or no)					
12 Previous similar hx					
Associated symptoms in the same system (GI) :					
13 Abdominal pain					
14 Nausea and vomiting					
15 Heartburn and dyspepsia					
16 Change in bowel habit (diarrhea/constipation)					
17 If hematemesis ask about hematochezia and if hematochezia ask about hematemesis					

Item	1	2	3	4	5
18 Abdominal distention					
19 Mouth or peri anal ulcers					
Associated symptoms with other systems:					
20 ROS (almost skip)					
Associated B-symptoms :					
21 Fever, night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history:					
22 Past medical hx (HTN, DM, liver disease (cirrhosis), Pancreatic disease, Peptic Ulcer, IBD, bleeding tendency)					
23 Upper on lower endoscopy?					
24 Past surgical hx					
25 Drugs for chronic diseases					
26 Specific dugs (NSAIDs, glucocorticoids, anticoagulants)					
27 Family hx of GI or hematological diseases					
28 Occupation					
29 Smoking and pack year					
30 Alcohol					
31 Diet					
32 Recent travel hx and to where					

Station (7): Chest pain

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Site					
5 Onset (sudden or gradual)					
6 Character					
7 Radiation (yes or no, if yes to where?)					
8 Timing (constant, intermittent)					
9 Course over time (better, same, progressive)					
10 Exacerbating factors					
11 Relieving factors					
12 Severity					
13 Previous similar hx					
Associated symptoms (Cardio, respiratory, GI, MSK) :					
14 Palpitations, orthopnea, PNDs, edema					
15 SOB, cough, noisy breathing, sx of DVT					
16 Syncope					
17 Heartburn, dysphagia or odenophagia					
18 Hx of trauma or muscle spasm or rib fracture					

Item	1	2	3	4	5
19 Skin rash (shingles)					
Associated symptoms with other systems:					
20 ROS (almost skip)					
Associated B-symptoms :					
21 Fever, night sweat, appetite, weight loss (how much KG and over how many months)					
Remnants of the history:					
22 Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF,					
23 Bronchiactasis, GERD, dyslipidemia) Hx of cath (stented or not), bronchoscopy?					
24 Recent URTI or gastroenteritis					
25 Past surgical hx (CABG, valve replacement, recent major surgery like C/S, hip or knee replacement)					
26 Drugs for chronic diseases					
27 Specific dugs (B-Blockers, thyroxin, NSAIDs, OCPs, nitrates)					
28 Family hx of cardiac or respiratory diseases					
29 Occupation					
30 Smoking and pack year					
31 Alcohol					
32 Recent travel hx or blood transfusion					
33 Diet					

Station (8): Breathlessness or Shortness of breath

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Onset (sudden or gradual)					
5 Timing (constant, intermittent)					
6 Course over time (better, same, progressive)					
7 Exacerbating factors					
8 Relieving factors					
9 Severity (use MRC scale)					
10 Previous similar hx					
Associated symptoms (Cardio, respiratory, MSK) :					
11 Palpitations, orthopnea, PNDs, syncope					
12 Chest pain, cough, noisy breathing, sx of DVT					
13 Edema (lower limbs, ascites, scrotal edema)					
14 Hx of trauma					
Associated symptoms with other systems:					
15 ROS (almost skip)					
Associated B-symptoms :					

Item	1	2	3	4	5
16 Fever, night sweat, appetite, weight loss (how much KG and over how many months)					
Remnants of the history:					
17. Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiactasis, DVT, PE)					
18 Hx of cath (stented or not), bronchoscopy?					
19 Recent URTI or gastroenteritis					
20 Past surgical hx (CABG, valve replacement, recent major surgery like C/S, hip or knee replacement)					
21 Drugs for chronic diseases					
22 Specific drugs (B-Blockers, thyroxin, NSAIDs, OCPs, nitrates, B2 agonists)					
23 Family hx of cardiac or respiratory diseases					
24 Occupation					
25 Smoking and pack year					
26 Alcohol					
27 Recent travel hx or blood transfusion					
28 Diet					



Station (9): Cough

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Onset (sudden or gradual)					
5 Character (barking, whooping)					
6 Diurnal variation (constant, intermittent)					
7 Course over time (better, same, progressive)					
8 Exacerbating factors					
9 Relieving factors					
10 Productive (has sputum or not), if yes: Color, volume, consistency, has blood or not					
11 Previous similar hx					
Associated symptoms (Cardio, respiratory, GI) :					
12 Palpitations, orthopnea, PNDs, syncope					
13 Chest pain, cyanosis, noisy breathing, SOB, sx of DVT					
14 Edema (lower limbs, ascites, scrotal edema)					
15 Heartburn					
Associated symptoms with other systems:					
16 ROS (almost skip)					

Item	1	2	3	4	5
Associated B-symptoms :					
17	Fever, night sweat, appetite, weight loss (how much KG and over how many months)				
Remnants of the history:					
18	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiactasis, DVT, PE)				
19	Hx of cath (stented or not), bronchoscopy?				
20	Recent URTI or gastroenteritis				
21	Past surgical hx				
22	Drugs for chronic diseases				
23	Specific drugs (B-Blockers, ACE inhibitors, NSAIDs, B2 agonists)				
24	Family hx of cardiac or respiratory diseases				
25	Occupation				
26	Smoking and pack year				
27	Alcohol				
28	Recent travel hx or blood transfusion				
29	Diet				



Station (10): Hemoptysis

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Frequency (how many times)					
5 Color (red, pink, brown)					
6 Appearance and volume of blood -(streaks, clots, fresh blood) -(small amount, large amount, cup, spoon)					
7 With each cough (yes or no), started together?					
8 Sure it is coughed and not vomited or swallowed blood (ex.Epistaxis)?					
9 Previous similar hx					
10 Bleeding from other sites? Easy bruising?					
11 Cough analysis (see previous station)					
Associated symptoms (Cardio, respiratory, GI) :					
12 Palpitations, orthopnea, PNDs, syncope					
13 Chest pain, cyanosis, noisy breathing, SOB, sx of DVT					
14 Edema (lower limbs, ascites, scrotal edema)					
15 Heartburn, gum disease, jaundice					
Associated symptoms with other systems:					
16 ROS (almost skip)					

Item	1	2	3	4	5
Associated B-symptoms:					
17	Fever, night sweat, appetite, weight loss (how much KG and over how many months)				
Remnants of the history:					
18	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiactasis, DVT, PE, lung CA, Bleeding disorder, Liver				
19	diseases) Hx of cath (stented or not), bronchoscopy?				
20	Recent URTI or gastroenteritis				
21	Past surgical hx				
22	Drugs for chronic diseases				
23	Specific drugs (anticoagulants, NSAIDS)				
24	Family hx of cardiac or respiratory or hematological diseases				
25	Occupation				
26	Smoking and pack year				
27	Alcohol				
28	Recent travel hx or blood transfusion				
29	Diet				

Station (11): Red urine

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Frequency (how many times)					
5 Color (red, pink, brown, tea colored)					
6 Appearance of blood (streaks, clots, fresh blood)					
7 Relation to voiding (beginning, mid or end)					
8 With each void (yes or no)					
9 Painful or painless					
10 Bleeding tendency or easy bruising					
11 Previous similar hx					
Associated symptoms (Urogenital) :					
12 Dysuria or abdominal pain or loin pain					
13 Urgency, Frequency, nocturia, urinary incontinence					
14 Hesitancy, poor stream, strain to void, dribbling, proteinuria, urine amount					
15 Perineal irritation or menstruating					
Associated symptoms with other systems:					
16 ROS including edema and bruises (almost skip)					
Associated B-symptoms:					

Item	1	2	3	4	5
17 Fever, night sweat, appetite, weight loss (how much KG and over how many months)					
Remnants of the history:					
18 Past medical hx (HTN, DM, Bleeding disorder, Liver diseases, G6PD, CKD, renal stones Nephrotic S Alport's)					
19 Hx of Foley's catheter insersion or any trauma					
20 Recent URTI or gastroenteritis					
21 Past surgical hx					
22 Drugs for chronic diseases					
23 Specific drugs (anticoagulants, NSAIDs, Rifampin)					
24 Family hx of renal or hematological diseases					
25 Occupation					
26 Smoking and pack year					
27 Alcohol					
28 Recent travel hx or blood transfusion					
29 Diet (dyes, beet, fava beans)					

Station (12): Loin pain (UTI vs. Pyelonephritis)

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Site					
5 Onset (sudden or gradual)					
6 Character (colicky, tight, vague)					
7 Radiation (yes or no, if yes to where?)					
8 Timing (constant, intermittent)					
9 Course over time (better, same, progressive)					
10 Exacerbating factors					
11 Relieving factors					
12 Severity					
13 Previous similar hx					
Associated symptoms in the same system (Urogenital) :					
14 Dysuria					
15 Urgency, Frequency, nocturia, incontinence					
16 Hesitancy, poor stream, strain to void, dribbling					
17 Hematuria					

Item	1	2	3	4	5
18 Frothy urine (proteinuria) + amount of urine					
Associated symptoms with other systems:					
19 ROS mainly GI sx (almost skip) and hx of trauma					
Associated B-symptoms:					
20 Fever, night sweat, appetite, rash, weight loss					
(how much KG and over how many months)					
Remnants of the history:					
21 Past medical hx (HTN, DM,CKD, stones,PCKD)					
22 If CKD, ask if on dialysis and via what					
23 Past surgical h (appendectomy, nephrectomy, Double insersion)					
24 Drugs for chronic diseases					
25 Specific dugs (Paracetamole, NSAIDs, antibiotics)					
26 Family hx of Renal disease(CKD, PCKD, Alport)					
27 Occupation					
28 Smoking and pack year					
29 Alcohol					
30 Recent travel hx or blood transfusion					
31 Diet					
32 Gynecological hx if female : -If married; ask if pregnant or not -Last menstrual period, Regular or not					

Station (13): Fever

Item	1	2	3	4	5
Introduce yourself, ask for permission					
Patient profile (almost skip)					
Duration					
Documented (yes or no)					
Way of documentation (axillary, orally, rectally, transcutaneous)					
Max temperature was reached					
Spiking Q how many hours? Spacing with time or not?					
Relieving factors (antipyretics, cold compressors), partially or completely?					
Activity when afebrile?					
Associated with: Chills and rigors? Rash? Abnormal movements? Altered LOC? Wight loss(how many, over how many months, intended or not) Night sweat, appetite					
Looking for the focus:					
CNS sx: headache, photophobia, phonophobia					
For meningitis					
Respiratory sx: Sore throat, Cough, runny nose, nasal congestion, chest pain, SOB GI sx: Abdominal pain, diarrhea, vomiting, jaundice					

Item	1	2	3	4	5
Urinary sx: Frequency, urgency, dribbling, dysuria, hematuria, Flank pain MSK sx: Joint swelling, hotness, redness, infected ulcers Factitious or environmental fever					
Hidden infections: Brucellosis, Typhoid, occult bacteremia or sepsis j rape s					
Remnants of the hx:					
Past medical hx (FMF, HTN, DM, immunosuppression, malignancy)					
Past surgical hx					
Drugs for chronic diseases					
Specific dugs (Paracetamole, NSAIDs, antibiotics, chemotherapy)					
Family hx					
Occupation (needle stick?)					
Smoking and pack year					
Alcohol and tattoos					
Recent travel hx or blood transfusion or hx of sick contact					
Diet (street food or eating out home)					
Gynecological hx if female : If married; ask if pregnant or not Last menstrual period, Regular or not PROM (premature rupture of membranes) Introduce yourself, ask for permission					

Station (14): Palpitations

Item	1	2	3	4	5
Introduce yourself, ask for permission					
Patient profile (almost skip)					
Duration					
Continuous or intermittent? Frequency per day?					
For how long does it persist?					
Exacerbating factors (stress and anxiety, exercise, caffeine, drugs, fever)					
Relieving factors (special maneuvers, drugs)					
Nature of it: rapid heart beat or forceful or irregular					
Can you mimic it by knocking on the table (to know the rhythm if regular or not)					
Have you ever counted your heart rate during the attack of palpitation? Without it?					
Previous similar history?					
Recent Upper respiratory tract infection					
Associated with other CVS symptoms:					
-Chest pain, SOB or orthopnea, Lower limb edema, syncope					
Any h of LOC or syncope?					

Item	1	2	3	4	5
Ask about clues for hyperthyroidism: Weight loss? (especially if significant, unintended, with increased appetite) Heat intolerance? Eye sx: redness, dryness and itching, excessive tearing, diplopia or retro orbital pain Rash on shins (Pretibial Myxoedema) Diarrhea Excessive sweating and Nail changes Proximal muscle weakness					
Review of systems (almost skip)					
Past medical hx (HTN, DM, congenital heart disease, HF, rheumatic fever, arrhythmia, thyroid dysfunction, anemia, asthma) »> each one has a point					
Past surgical hx (valve replacement, major surgery and blood loss)					
Drugs for chronic diseases					
Specific dugs (B2 agonists, levothyroxin, digoxin, diuretics)					
Family hx (cardiac diseases, sudden deaths, thyroid or hematological diseases)					
Occupation and home settings (which stair)					
Smoking and pack year, alcohol					
Recent travel hx or blood transfusion or hx of sick contact					
Diet (caffeine, energy drinks)					
Drugs for chronic diseases					
Specific dugs (B2 agonists, levothyroxin, digoxin, diuretics)					

Item	1	2	3	4	5
Family hx (cardiac diseases, sudden deaths, thyroid or hematological diseases)					
Occupation and home settings (which stair)					
Smoking and pack year, alcohol					
Gynecological hx if female : If married; ask if pregnant or not, recent delivery(post partum Thyroiditis) Last menstrual period, Regular or not Heavy mense (Menorrhagia) Introduce yourself, ask for permission Patient profile (almost skip) Duration					



Station (15): Seizure (abnormal movements)

Item	1	2	3	4	5
Introduce yourself, ask for permission					
Patient profile (almost skip)					
Duration (Is he a known case or this is the 1" time)					
How many times? Frequency per day or week or month?					
For how long does the attack last?					
How it was aborted? (alone or by valium)					
Time needed to recover and need full cognition?					
What parts of the body are included? -Generalized or upper limbs) or lower limbs) or mouth twitches					
Witnessed or not? If yes, by whom? Ask who witnessed to describe it: Tonic clonic or jerky movements or staring or hypotonia and weakness					
Associated with: -Loss of consciousness or remained aware -Pallor, flushing or cyanosis or sweating -Eyes uprolling, frothy secretions, per oral cyanosis, urinary or fecal incontinence -Injury (tongue biting and if yes where?) -Post ictal sleepiness					
Triggers (Sleep deprivation, stimulants, stress, hypoglycemia-so ask when was the last meal)					
Preceded by aura (visual or auditory or .) or chest pain or palpitations or headache					
Hx of fever, headache, photophobia or phonophobia, nausea and vomiting?					
Hx of head trauma? Impact on life style?					

Item	1	2	3	4	5
Previous similar history?					
Review of systems (almost skip) Past medical hx (Febrile convulsion, neonatal hyperbilirubinemia, epilepsy, stroke, HTN, DM, CVS disease or arrhythmia, liver disease) »> each one has a point					
Past surgical hx					
Drugs for chronic diseases (anticonvulsants, those for DM and HTN)					
Specific dugs (Paracetamole toxicity, digoxin toxicity,)					
Family hx (Seizures)					
Occupation, driving and home settings (which stair)					
Smoking and pack year, alcohol					
Recent travel hx or blood transfusion or hx of sick contact					



Station (16): Headache

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Site					
5 Onset					
6 Character					
7 Radiation					
8 Exacerbating factors					
9 Relieving factors					
10 Severity					
11 Progression over time (same, worse, better)? Intermittent or persistent? For how long does each attack last? And for how long do you stay pain free?					
12 Diurnal variation? Awakens him from sleep					
13 Associated with: -Loss of consciousness or syncope or behavioral changes -Eye symptoms: Diplopia, visual field defect, photophobia -Autonomic features (tearing, conjunctival injection, nasal stuffiness, ptosis) -Jaw pain on chewing -Abnormal movements -Nausea and vomiting -Fever or rash or upper respiratory tract infection (Sinusitis) -Neck stiffness -Aura, phonophobia -B symptoms (anorexia, weight loss.)					
14 Triggers (Sleep deprivation, stimulants, stress, special food, menstrual cycle)					

Item	1	2	3	4	5
15 Hx of head trauma?					
16 Previous similar history?					
17 Review of systems (almost skip)					
18 Past medical hx (Stroke or TIA, HTN, DM, CVS disease, anemia) » each one has a point					
19 Past surgical hx					
20 Drugs for chronic diseases					
21 Specific drugs (Paracetamol, NSAIDs, Tramal,)					
22 Family hx (Migraine headache)					
23 Occupation and home settings (which stair)					
24 Smoking and pack year, alcohol					
25 Recent travel hx or blood transfusion or hx of sick contact					
26 Diet (caffeine, energy drinks, chocolate, cheese)					



Station (17): Joint pain (Or swelling > so if one comes, ask about the other

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Site					
5 Onset					
6 Character					
7 Radiation					
8 Exacerbating factors (motion, rest)					
9 Relieving factors(motion, rest, analgesia)					
10 Severity					
11 ?Progression over time (same, worse, better)? Persistent or intermittent					
12 Diurnal variation					
13 Involvement of other joints					



	Item	1	2	3	4	5
14	:Associated with <ul style="list-style-type: none"> - Decreased or limited range of motion - Weakness or limbing (in lower limbs) - Numbness or parasthesia - Swelling, Redness, Hotness - Fever - Rash - GI symptoms - Urinary symptoms - Visual symptoms - Abnormal movements (chorea) - Chest pain or palpitations 					
15	?Hx of trauma					
16	Hx of recent Upper respiratory tract infection or Gastroenteritis					
17	?Previous similar history					
18	Review of systems (almost skip)					
19	Past medical hx (DM, IBD) >> each one has a point					
20	Past surgical hx					
21	Drugs for chronic diseases					
22	Specific dugs (Paracetamole, NSAIDs)					
23	Family hx (RA, SLE)					
24	Occupation and home settings (which stair)					
25	Smoking and pack year, alcohol					
26	Recent travel hx or blood transfusion or hx of sick contact					

Station (18): Lower limb edema (Or peri orbital edema)

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 Site ,unilateral or bilateral					
5 Involvement of other sites (abdomen, scrotum) > Way to ask about that; Does your trousers turned to be not fit? >Do you know your weight before and after?					
6 Onset (sudden or gradual)					
7 :Associated with <ul style="list-style-type: none"> - Decreased or limited range of motion - Weakness or limbing (in lower limbs) - Numbness or parasthesia - Swelling, Redness, Hotness - Fever - Rash - GI symptoms - Urinary symptoms - Visual symptoms - Abnormal movements (chorea) - Chest pain or palpitations 					
8 Progression over time (same, worse, better)					
9 Diurnal variation					
10 Exacerbating factors					
11 Reliving factors					

Item	1	2	3	4	5
12 Hx of trauma or insect bite					
13 ?Recent upper respiratory tract infection					
14 ?Previous similar history					
15 Review of systems (almost skip)					
16 Past medical hx (CVS disease, CKD, liver disease, hypothyroidism)					
17 Past surgical hx					
18 Drugs for chronic diseases					
19 Specific drugs (NSAIDs, Glucocorticoids, Ca channel antagonists ;nifedipine or amlodipine) or new drug ingestion					
20 Family hx (CVS disease, CKD, liver disease, hypothyroidism)					
21 Occupation and home settings (which stair)					
22 Smoking and pack year, alcohol					
23 Recent travel hx					
24 Diet (salty food, new food ingestion)					
25 If married lady, ask if pregnant or not					



Station (19): Syncope/Presyncope/Dizziness

Item	1	2	3	4	5
1 Introduce yourself, ask for permission					
2 Patient profile (almost skip)					
3 Duration					
4 How many times? Frequency per day or week or month?					
5 For how long does the episode last?					
6 How you recover and regain your consciousness? Time to recovery of full consciousness and normal cognition?					
7 Witnessed? By whom?					
8 Preceded by any of: Palpitations, chest pain, sweating or pallor • Lightheadedness or headache Nausea Tinnitus Visual disturbances					
9 Associated with: • Abnormal movements • Uprolling of eyes, frothy secretions, fecal or urinary incontinence					
10 Triggers (Sleep deprivation, stimulants, stress, postural change, prolonged standing, hypoglycemia-so ask when was the last meal)					
11 Any injuries? Impact on life style?					
12 Hx of fever, photophobia or phonophobia, vomiting?					
NOTE If Presyncope or dizziness >> ask the patient to elaborate exactly what does he mean by it? >> What he felt exactly?					
14 Previous similar history?					

Item	1	2	3	4	5
15 Review of systems (almost skip)					
16 Past medical hx (epilepsy, stroke, HTN, DM, CVS disease or arrhythmias) » each one has a point					
17 Past surgical hx					
18 Drugs for chronic diseases (anti hypertensive meds)					
19 Specific dugs (Nitrates, B blockers, Digoxin, Amiodarone, ACE inhibitors)					
20 Family hx (Seizures, CVS disease or sudden deaths, cardiomyopathy)					
21 Occupation, driving and home settings (which stair)					
22 Smoking and pack year, alcohol, exercise					
23 Recent travel hx or blood transfusion or hx of sick contact					
24 Diet (caffeine, energy drinks)					



