

## Case History in Obstetrics & Gynecology

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### Patient profile:

- Patient's name: \_\_\_\_\_
- Patient's age: \_\_\_\_\_
- Patient's occupation: \_\_\_\_\_
- Patient's address: \_\_\_\_\_
- Name of husband: \_\_\_\_\_
- Occupation of husband: \_\_\_\_\_
- Date of admission to hospital: \_\_\_\_\_
- Blood group & Rh: \_\_\_\_\_
- Gravida, Para + Abortion (GPA): \_\_\_\_\_
- If the patient is pregnant
  - Last menstrual cycle: \_\_\_\_\_
  - Estimated day of delivery: \_\_\_\_\_

### Chief complain & it's duration:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

### History of present illness:

- Site: \_\_\_\_\_
- Onset: \_\_\_\_\_
- Character: \_\_\_\_\_
- Radiation: \_\_\_\_\_
- Timing: \_\_\_\_\_
- Exacerbated by: \_\_\_\_\_
- Relieved by: \_\_\_\_\_
- Severity: \_\_\_\_\_
- Constitutional symptoms: \_\_\_\_\_
- Hx of similar complaint: \_\_\_\_\_
- Risk factors: \_\_\_\_\_

**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/expir), (persistence/not)  Chest pain when inspi/coughing?  Hoarseness
- (at night/on wakening)  Stidor (inspi/expir)

**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 \_\_\_\_\_

**History of present pregnancy:**

- Duration between this preg. and the last preg. or marriage: \_\_\_\_\_
- History of this pregnancy from the beginning:
  - How she discovered she is pregnant? \_\_\_\_\_
  - How was pregnancy confirmed? \_\_\_\_\_
  - Experienced signs and symptoms of pregnancy: \_\_\_\_\_  
\_\_\_\_\_
  - Complications during pregnancy: \_\_\_\_\_
  - Drugs taking during pregnancy: \_\_\_\_\_
  - Regularity of visits: \_\_\_\_\_
  - Was it a planned pregnancy: \_\_\_\_\_

**Past obstetric history:**

- Date of marriage: \_\_\_\_\_
- Marriage-conception period: \_\_\_\_\_
- History of contraception before and in-between pregnancies: \_\_\_\_\_
- Full history of each pregnancy
  - First preg: Date: \_\_\_\_\_ , Sex: \_\_\_\_\_ , Complications: \_\_\_\_\_  
\_\_\_\_\_, Type of delivery: \_\_\_\_\_ , Was it on term? \_\_\_\_\_ ,  
Weight: \_\_\_\_\_ , Admitted to NICU ? \_\_\_\_\_ why? \_\_\_\_\_
  - Second preg: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - Other pregnancies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Gynecological history:

- Menstrual history
  - Age of menarche: \_\_\_\_\_
  - Characters of menstrual cycles:
    - Regularity: \_\_\_\_\_
    - Frequency: \_\_\_\_\_
    - Days of menses: \_\_\_\_\_
    - Amount of blood loss: \_\_\_\_\_
  - Associated symptoms with the cycles
    - Intermenstrual bleeding: \_\_\_\_\_
    - Dysmenorrhea: \_\_\_\_\_
    - Dyspareunia: \_\_\_\_\_
    - Vaginal discharge: \_\_\_\_\_
- Contraceptive history: \_\_\_\_\_
- Any gynecological disease or operations ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- If the patient is menopausal
  - Age of menopause: \_\_\_\_\_
  - Symptoms of menopause: \_\_\_\_\_
  - Hormone replacement therapy: \_\_\_\_\_

### Past Medical and surgical Hx

- Chronic illnesses ( Illness+Controlled/Not controlled+Followups+Complications)\_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- Blood transfusions \_\_\_\_\_
- Admissions/Clinic Visits/ER Visits

Where	When	Why	Length of stay

- Surgeries/Procedures

When and Where	Indication	Length of stay	Complications

### Drug Hx

Scientific Name	Dose	Dose regimen	Duration	indication	Adv

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

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

OTC \_\_\_\_\_

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

### Family Hx

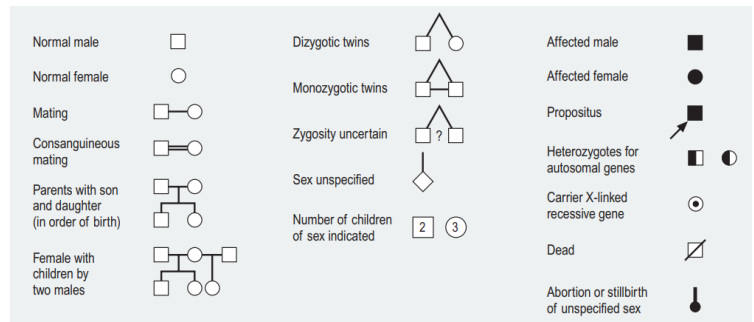
Dad living/Died of \_\_\_\_\_ at age of \_\_\_\_\_

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? \_\_\_\_\_