

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 4th 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 _____

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 , _____

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 _____

Severity (0-10) _____

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 _____

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
distance _____, relieved on rest? _____
NYHA CLASS _____ unilateral/bilateral, location _____
CANADIAN CLASS _____ 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 _____

Allergies and symptoms _____

Remedies/Herbs _____

OTC _____

Compliance to each _____

Family Hx

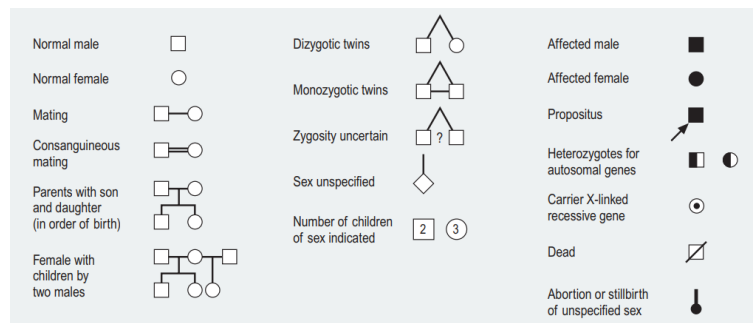
Dad living/Died of _____ at age of _____

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? _____