

Personal Info: Name: _____ Age: _____ Gender: _____ Nationality: _____
 Mention if relevant> Residency: _____ Occupation: _____ Marital Status: _____

Chief Complain:

Time of Admission: _____ Route of Admission: (Clinic – ER – Referral)

History of Presenting Illness:

Symptom			
Site (local/Diffuse)			
Onset (When, How long) (sudden or gradual)			
Course (Progressive or constant) (continuous or intermittent)			
Character Pain: crush, stab, colicky, burn, throbbing)			
Radiation or Migration			
Associated Symptom			
Time/ Diurnal Pattern			
Exacerbating/ Relieving Factors			
Severity Scale, Impact of symptom on life			
Systemic Review of involved			
Constitutional Symptoms:	Weight change, Loss of appetite, Nausea, Vomiting, Fatigue, Fever, Night Sweats.		

Past Medical History:

- Similar Episode:
 - Chronic Diseases (DM, HTN, BA, Dyslipidemia) – When diagnosed, How Diagnosed, medication compliance, follow up, awareness, complications.

- Other diseases (Childhood, genetic)
 - Hospital Admission:
 - Surgical History (any complications)
 - Accidents/Trauma
 - Drug Allergy/Blood transfusion (When, Why, How much, complication)

- **Medication** (What, why, when taken, frequency, dose, complication)
 Current _____ Chronic _____ Over the counter meds/Herbal _____

- **Menstrual History if female:** (Intrauterine device & OCP in case patient is female in productive age and married)
 Menarche: _____ Menopause: _____ Regularity: _____ Abnormality: _____

Family History:

Similar Episode: _____ Chronic _____ Genetic/Blood/Cancer (breast/prostate/colorectal)
 Parents > cause of death/Age: _____

Social History:

Socio-economic status: Education/Work: _____ Residency (apartment, villa, farm) _____ Primary income: _____
Smoking: _____ When? _____ Type: _____ Packs/day: _____ Quit, since when/how long smoked? _____

Drinking: (Local, imported) _____ Amount: _____

Recent Travel: _____

Eating Habits/Activity: _____

Systemic Review:

Cardiorespiratory **GIT** **Genitourinary** **MSK** **Endocrine** **Hemato** **CNS**