

HISTORY TAKING CHECKLIST

BY SARA B. ALENEZY

Ward		Doctor	
Name		Gender	
Age		Nationality	
Residency		Occupation	
Religion		Marital Status	
Children		Eldest	

HISTORY OF PRESENT ILLNESS

- 1. Complaint:** What brought you here?
- 2. Time of admission:** When did you come here?
- 3. Route of admission:** How did you come here (ER, Clinic, Referral)?
- 4. Diagnosis:** Were you diagnosed by a doctor?
- 5. Investigations:** What investigations did the doctor order for you (X-Ray, Blood Tests... etc.)?
- 6. Brief chronic history:** How was your general health before admission (Fine, diabetic, sickler... etc.)?

7. Ruling in and out possible causes:

Onset	When?					How long?				
Progression	Sudden	Gradual	Rapid		Slow	Continues	Intermittent			
Timing	Day	Night	Both							
Prev. Episodes	When?					Progression				
Site	Where?					Localized	Diffused			
Radiation	Radiate	Migrate								
Character	Burning	Stabbing	Crashing	Throbbing						
Severity	Interfere daily life							Scale (1-10)		
Aggravating Factors										
Relieving Factors										
Associated Symptoms										
Constitutional Symptoms		Appetite	Weight	Fatigue	Headache	Sweats	Fever			

NOTES

PAST MEDICAL HISTORY

Chronic Diseases	What?				How long?		
	What?				How long?		
	What?				How long?		
Childhood Diseases	Congenital				Other(s)		
Other Diseases	What?		Since		Until		
Admissions						Unknown	
Surgeries						Unknown	
Traumas						Unknown	
Medications				Dose		Frequency	
	Complications						
				Dose		Frequency	
	Complications						
				Dose		Frequency	
	Complications						
Blood Transfusions	When?		What for?			Unknown	
Allergies	What from?					Unknown	
Female	Menarche			Menopause			
	Frequency			Quantity			
	Pregnancies			Complications			
	Dysmenorrhoea			Dyspareunia			

FAMILY HISTORY

Chronic Diseases		Status		Age		Unknown	
Genetic Diseases		Status		Age		Unknown	
Blood Diseases		Status		Age		Unknown	
Malignancies		Status		Age		Unknown	

HABITS

Smoking		How much?					
Drinking		How often?					
Travel	Where to?		How often?		Last Arrival Date		

SYSTEMATIC REVIEW

AS		RS		CVS		UGS		NS		MSkS	
Regurgitation		Cough		Dyspnoea		Loin pain		Depression		Weakness	
Flatulence		Sputum		Orthopnoea		Frequency		Anxiety		Locking	
Heartburn		Haemoptysis		Paroxysmal nocturnal dyspnoea		Poor stream		Memory loss		Limitation of joint movements	
Vomiting		Dyspnoea		Chest pain		Dribbling		Delusions		Swelling joints	
Haematemesis		Hoarseness		Palpitations		Hesitancy		Changes of behaviour		Aches or pains in muscles, bones or joints	
Indigestion pain		Wheezing		Dizziness		Dysuria		Tremor		Disturbances of gait	
Abdominal pain		Chest pain		Ankle swelling		Urgency		Syncopal attacks			
Abdominal distension		Exercise tolerance		Limb pain		Precipitancy		Loss of consciousness			
Bowel habit				Walking distance		Painful micturition		Fits			
Nature of stool				Discoloration (hands/feet)		Polyuria		Muscle weakness			
Rectal bleeding						Thirst		Paralysis			
Rectal discharge						Haematuria		Sensory disturbances			
Prolapse						Incontinence		Paresthesia			
Incontinence						Problems with intercourse (M)		Changes of smell, vision or hearing			
Tenesmus						Impotence (M)		Dizziness			
Jaundice						Vaginal discharge (F)		Tinnitus			
						Breast pain (F)					
						Nipple discharge (F)					
						Lumps (F)					
						Skin changes (F)					