

1. Alslam alaikum
2. Introduce yourself
3. Take permission
4. Close the curtain

Floor#
Ward#
Room#
Bed#

Personal Data:

Name: ----- File Number: ----- Age: ----- Gender: F \ M
 Marital Status:----- #children& age of elder1 : ----- Religion: -----Nationality:-----
 Residency----- Occupation:----- Who give u the History? -----

Chief Complaint:

Time of admission: ----- Route of admission: -----What brought him today (cc): -----

 Site: ----- onset: ----- for how long: -----

History of Presenting illness:

1- Analysis of the complaint:

S	O		C		R	A	T	E	S
CC and Site	Onset & Duration		Course	character	Radiation	Aggravating Factors	time	Elevating factors	severity
	sudden / gradual	How long	continuous/ intermittent**?	Progressive/ constant (if pain → type)	Radiate? Affect single or multiple	food? Position? Walking? Efforts or exercise?	Specific time? E.g. am or pm?	food? Position? Walking? Efforts or exercise?	From 1-10 Affect daily activity
1-									
2-									
3-									
4-									

- If intermittent, ask about Frequency: how long the episode takes? ----- and the time between 2 episodes? -----
- 2- **Constitutional symptoms?** (weight loss/gain, appetite, night sweat, fever, fatigue, headache) -----
- 3- **Previous episode?** If yes: -----
 - a. How many times? ----- when was the 1st and last episode? -----
 - b. Same or more sever episode? (progression) ----- How did it relieve? -----

4- Risk factors: -----

5- Hospital course (what happened since you has arrived e.g. medications, investigations, hospital admission) : -----

6- Any related chronic illnesses? ----- when? -----
where? -----Monitoring? If yes, How? -----
----- Medications? Always taken or missed? -----
complications? If yes, their Duration? -----

7- Systemic review (related)?

CVS	
Respiratory	
GIT	
CNS	
GU	
MS	
Male	
Female	

Past History:

Past Medical:

Childhood problems? -----

chronic illnesses	when was diagnosed	controlled or not	Drug & compliance	Complications (If yes, their duration)

Past surgical: or interventional procedures? If yes,

What	Why	When	Complications (If yes, their duration)

○ Hospital admissions OR ICU admission?
What? -----Why? ----- When? -----

○ History of rehabilitation? Accident?

B-Medication History:

Drug	For (the disease)	Route	Dose	Frequency	Duration

