

# Long Case Form

Who gave you the history of the patient?

## Demographics:

<b>Name</b>		<b>Age</b>	
Gender		Nationality	
<b>Occupation</b>		Religion	
Residency		<b>Marital states</b>	
How many children?		Age of elder one	

## Chief Complaint:

- **Time of admission?**
- **Route of admission? (ER - Clinic-Referral)**
- Did you go to the doctor? What was the diagnosis?
- Hospital course? Investigations and imaging & their results?
- **What are you complaining of?**

<b><u>S</u></b> (SITE) OR <b><u>F</u></b> (FREQUENCY)	<ul style="list-style-type: none"> <li>• Localised?</li> <li>• diffuse?</li> </ul>
<b><u>O</u></b> (ONSET)	<ul style="list-style-type: none"> <li>• When?</li> <li>• For how long?</li> <li>• Previous episodes? When? Progression?</li> </ul>
<b><u>C</u></b> (Character & Severity)	<ul style="list-style-type: none"> <li>• Type? Stabbing - Crashing - Burning - Throbbing</li> <li>• Interfere daily life?</li> <li>• Scale of 1-10?</li> </ul>
<b><u>R</u></b>	<ul style="list-style-type: none"> <li>• Radiation?</li> <li>• Migrating pain?</li> </ul>
<b><u>A</u></b>	<ul style="list-style-type: none"> <li>• Relieving factors:</li> <li>• Aggravating factors:</li> </ul>
<b><u>T</u></b> (Timing)/ progression	<ul style="list-style-type: none"> <li>• Suddenly/Rapidly/gradually?</li> <li>• Day/night or both?</li> <li>• Continuous/intermittent?</li> </ul>
<b><u>E</u></b> (Exacerbating Factors)	Risk factors?
<b><u>S</u></b> (Social aspects)	social problems?

**Constitutional Symptoms: to exclude infections and cancers**

- Appetite change?
- Weight change?
- Fever?
- Fatigue?
- Night sweats?

**Ask about related systems?**

**History:**

<b>Chronic diseases?</b> (detailed)	
Childhood problems?	
Any other diseases?	
<b>Past surgery?</b>	
Hos. admission?	
<b>Accident/trauma?</b>	
<b>Medication?</b>	When? Frequency? Dose? Complications?
<b>Blood trans?</b>	
<b>Allergies? What type?</b>	If patient says no: write <u>no known</u> allergy

**Habits:**

<b>Smoking?</b>	How many packs?
Drinking? Drugs?	
<b>Travel abroad?</b>	
Leisure activity?	
Eating habits?	

**Family History:**

<b>Chronic diseases? How old?</b>	
Causes of death? How old?	
<b>Genetic diseases?</b>	
<b>Blood diseases SCD? Anemia?</b>	
<b>Cancer? Breast, prostate?</b>	

**Systematic review:**

**(a) Alimentary system and abdomen (AS):** Appetite. Diet Weight. Nausea. Dysphagia. Regurgitation. Flatulence. Heartburn. Vomiting. Haematemesis. Indigestion pain. Abdominal pain. Abdominal distension. Bowel habit. Nature of stool. Rectal bleeding. Mucus. Slime. Prolapse. Incontinence. Tenesmus. Jaundice.

**(b) Respiratory system (RS):** Cough. Sputum. Haemoptysis. Dyspnoea. Hoarseness. Wheezing. Chest pain. Exercise tolerance.

**(c) Cardiovascular system (CVS):** Dyspnoea. Paroxysmal nocturnal dyspnoea. Orthopnoea. Chest pain. Palpitations. Dizziness. Ankle swelling. Limb pain. Walking distance. Colour changes in hands and feet.

**(d) Urogenital system (UGS):** Loin pain. Frequency of micturition including nocturnal frequency. Poor stream. Dribbling. Hesitancy. Dysuria. Urgency. Precipitancy. Painful micturition. Polyuria. Thirst. Haematuria. Incontinence.

- In men Problems with sexual intercourse and impotence.
- In women Date of menarche or menopause. Frequency. Quantity and duration of menstruation. Vaginal discharge. Dysmenorrhoea. Dyspareunia. Previous pregnancies and their complications. Prolapse. Urinary incontinence. Breast pain. Nipple discharge. Lumps. Skin changes.

**(e) Nervous system (NS, CNS):** Changes of behaviour or psyche Depression. Memory loss. Delusions. Anxiety. Tremor. Syncopal attacks. Loss of consciousness. Fits. Muscle weakness. Paralysis. Sensory disturbances. Paresthesia. Dizziness. Changes of smell, vision or hearing. Tinnitus. Headaches.

**(f) Musculoskeletal system (MSkS):** Aches or pains in muscles, bones or joints. Swelling joints. Limitation of joint movements. Locking. Weakness. Disturbances of gait.