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:

chest pain

Site **retrosternal, Interscapular ,left sided pain**, Localized ☐/ Generalized ☐ **O**nset: gradual ☐/sudden ☐, while doing _____
if gradual, rate of development _____
Character **Constricting, heavy Tearing or ripping sharp, 'stabbing', pleuritic** **R**adiation _____ **arm, neck, epigastrium, jaw , back between the shoulders, to the arms** **Constitutional** symptoms: fever ☐, chills ☐, rigors ☐, weight loss ☐, Fatigue ☐, night sweating ☐, **nausea, vomiting, breathlessness, sweating, feeling of near death and fear, Any connective tissue disorders, mesenteric ischemia, flue like symptoms..etc**
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 **exercise, spontaneous, sitting up or lying down affect the intensity, any drug could relieve the pain…**
and relieved by _____
Severity (0-10) _____

Dyspnea

Duration

Background symptoms

Usual exercise tolerance

Any respiratory or associated symptoms ...cough sputum..etc

The association between the symptoms and impact on everyday activities.

The effect of posture on the symptoms

Ankle swelling, cough, wheezing, sputum.

Palpation

The nature of the palpitation: rapid, forceful, irregular?

Speed of onset and its frequency?

Precipitation for symptoms or relieving factors?

Associated symptoms (presyncope, syncope, chest pain?

History of cardiac diseases? -For the suspension of arrythmia ask about:

Previous myocardial infarction or cardiac surgery?

Associated syncope or chest pain?

Wolff-Parkinson -white syndrome

Significant structural heart diseases

Family history of sudden death

Syncope

Duration of loss of consciousness, and the appearance of the patient during it?

Time or fully recover from the syncope.

Current driving states?

Presyncope

Exact nature of the symptoms and any associated features like palpitation?

Postural changes?

Frequency of episodes?

Possible contributing medication?

Oedema

Ask if it bilateral in the lower limbs or unilateral?

Ask about RS here.

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

•conditions associated with increased risk of vascular disease such as hypertension, diabetes mellitus and hyperlipidaemia? / rheumatic fever or heart murmurs during childhood ? /potential causes of bacteraemia in patients with suspected infective endocarditis, such as skin infection, recent dental work, intravenous drug use or penetrating trauma ? / systemic d

isorders with cardiovascular manifestations such as connective tissue diseases (pericarditis and Raynaud's phenomenon), Marfan's syndrome (aortic dissection) and myotonic dystrophy (atrioventricular block)>

Family history (relevant):

premature coronary artery disease in first-degree relatives (young under 55 in males or under 60 in females)

sudden unexplained death at a young age

inherited arrhythmia.

if there is a member of the relatives that has hypercholesterolemia

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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

NYHA CLASS _____ distance_____, relieved on rest? _____

*CANADTIAN CLASS*_____ unilateral/bilateral, location _____

Ankle swelling _____

RS (always ask about duration + frequency + consistency + onset + progression)

amount_____, smell+color+taste_____ exac/relieving _____

blood_____, masses _____ ☐ Hemoptysis _____

☐ Wheezes (on insp/expi), (persistence/not) ☐ Chest pain when inspi/coughing? ☐ Hoarseness (at night/on wakening) ☐ Stidor (inspi/expi)

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 ☐/ Generalized ☐ **O**nset: gradual ☐/sudden ☐, while doing_____ if gradual, rate of development _____

Character_____**R**adiation _____ **A**ssociated symptoms: nausea ☐, vomit ☐, fever ☐, chills ☐, rigors ☐, weight loss ☐, headache ☐, sweating ☐, cough ☐,_____**T**iming: 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 _____ **S**everity (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 _____

Past Medical and surgical Hx

- Chronic illnesses (Illness+Controlled/Not controlled+Followups+Complications)_____

  _____

  _____

  - Blood transfusions _____
  - Admissions/Clinic Visits/ER Visits

Where	When	Why	Length of stay

  - Surgeries/Procedures

When and Where	Indication	Length of stay	Complications

Drug Hx

Scientific Name	Dose	Dose regimen	Duration	indication	Adv

Allergies and symptoms _____

_____

Remedies/Herbs _____

OTC _____

Compliance to each _____

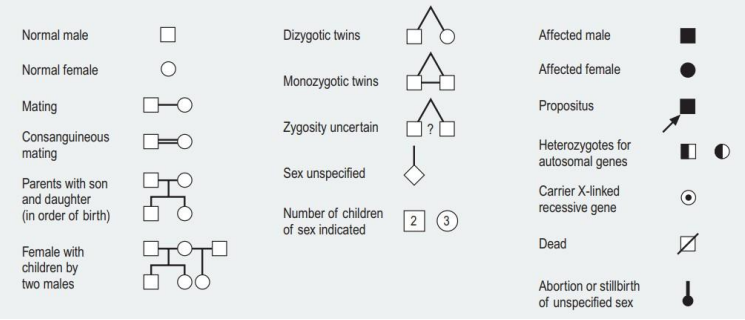
Family Hx

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? _____