1-Patient profile

1. Name 2. Age 3. Marital status 4. Occupation 5. Address 6. Parity 7. LMP	In obstetric cases also include: -EDD -GA -number of fetuses -BG

2- Chief complaint

- Chief complaint
- Duration
- Date of admission
- Route (OPC/ ER)

3-History of presenting illness (HOPI)

- Analysis of the chief complaint
- History of events that lead to the admission
- Course of hospitalization:
  - Investigations –labs and imaging
  - Treatments
  - Procedures or surgeries
  - Consultations
  - Plan of management

- In obstetric cases also include history of current pregnancy:
  - Spontaneous/ assisted
  - Planned/unplanned
  - Diagnosis of pregnancy (when and how)
  - Booking visit
  - Antenatal investigations
  - Early pregnancy symptoms,
  - Supplements,
  - Any complications/previous admissions and what treatments received

4. Past obstetrics history

- Details of every previous pregnancy (in a chronological order)
- Year, outcome: delivery, miscarriage, ectopic, or molar pregnancy

- If delivery:
  - GA at delivery,
  - Mode of delivery (if CS mention the indication, emergency/elective),
  - Boy/girl, weight at birth and any congenital anomalies –if present, NICU/nursery (if NICU: reason and management),
  - Complications and their management (antenatal, intrapartum, or postpartum),

  -Breastfeeding
- If miscarriage, ectopic, or molar pregnancy –also mention events that lead to diagnosis, gestational age at diagnosis, management, follow-up –if needed, and any complications

5-Past gynaecological history

- Age at menarche
- Menstrual cycle assessment (regularity, duration, frequency, dysmenorrhea, …)
- IMB
- Coital problems (dyspareunia, PCB)
- Cervical screening history
- Contraception history
- Abnormal vaginal discharge

- If postmenopausal:
  - Age at menopause
  - Symptoms experienced
  - Treatments given –including HRT

6. Past medical history: • Medical illnesses • Duration • Course of disease • Blood transfusion history, ?complications	7.Past surgical history: • Surgery • Year • Emergency/ elective • Open/ laparoscopic • Complications
8.Medications • Drug • Frequency • Side effects experienced 9.Allergies	10.Family history • Any family history of concern • Problems related to current condition 11.Social history • Living conditions • Support at home • Smoking (passive/ active), pack year 12. Review of systems