

CVS

○ Chest pain: (Acute/ Intermittent) + SOCRATES

○ Dyspnoea (When? + Frequency)

○ Palpitation (ask about rhythm): regular or irregular/ thumping, jumping, skipping, etc.

RS

○ Breathlessness (SOB) | -Onset: (instantaneous or sudden/ gradual) -When: _____
-Relieving or exacerbating factors: _____
-Frequency: _____

○ Throat mass/ pain

○ Sneezing ○ Sore throat ○ Nasal discharge ○ Nasal Obstruction

○ Epistaxis ○ stridor ○ hoarseness of voice ○ Cyanosis (site, Onset, timing)

○ Wheeze ○ chest pain (SOCRATES) ○ Apnea ○ snoring

○ Cough | -productive/ Dry -time: _____ -Duration: _____
- Relieving or exacerbating factors: _____

○ Sputum | -Color: _____ -Odor: _____ -Amount: _____
-Consistency (viscosity): _____

○ hemoptysis | -Amount: _____ -Color: _____
-with sputum? (Clots/ streaks) -Duration: _____

GIT

○ oral ulcers ○ Dental problems ○ Bad Breath ○ Altered taste

○ Pain (SOCRATES) ○ odynophagia (Solid/ Liquid/ both)

○ Dysphagia | -Onset: _____ -Solid/ Liquid/both -associated pain or heartburn
-Associated reflux, regurgitation or weight loss?

○ Dyspepsia ○ Heartburn ○ nausea ○ Abdominal distention

○ Vomiting | -Color: (bile-stained/ bloody/ faeculent/ food) -Onset: _____
-Associated symptoms & are they relieved after?: _____
-Relation to meals and timing: _____ -Associated weight loss?

○ Anal Discharge/ itching

○ Change in bowel habits: diarrhoea or constipation (record frequency & consistency)

○ Change in stool color: (pale/ black tarry stool/ blood)

MSS

- Joint pain or stiffness (SOCRATES) Swelling: _____
- limitation of movement: what joint & movements? _____
- History of falling Pain in muscles or bones (SOCRATES)
- skin rash | -Site: _____ -Onset: _____
-Timing: _____ -Character: _____
-Associated symptoms: _____
-Relieving or exacerbating factors: _____
- Pigmentation/ Scratches/ Bruises Hair distribution

Urinary System

- Dysuria haematuria Incontinence (Stress, urge,) Urgency
- Number of wet nappies: _____ Pain (SOCRATES) Scrotal swelling
- Urine | -color: _____ -Amount: _____ -special odor: _____

NS

- headache Fits Memory or concentration changes
- Visual disturbances Hearing problems Weakness or motor defects
- Altered sensation Speech defects Altered level of consciousness
- Photophobia tremors or rhythmic movements Ear discharge
- inconsolable crying

ES

- Excessive sweating Excessive thirst heat or cold intolerance

Past medical & Surgical history

- Chronic illnesses: _____
- Previous attendance (to the clinic/hospital) when & reason: _____
- Previous operations: _____ -Date: _____
-complications: _____
- Blood transfusion -Date: _____
- Any known allergies: _____

Drug history

- Name of drug(S): _____ -Dose: _____
- Adherence (how and when the drug is taken): _____

- Drug side effects: _____
- Drug allergies. Description: _____
- Non-prescribed drugs: _____

Perinatal history

Prenatal

- Mother age at pregnancy: _____ Duration of pregnancy: _____
- maternal fever/ Rash Maternal Diabetes (GDM) exposure to radiation
 - Antenatal care history of prolonged rupture of membrane (>18-24h)
- Drugs taken during pregnancy: _____
- Supplements taken during pregnancy: _____

Natal and postnatal

- Mode of delivery (vaginal / Caesarean) if caesarean why? _____
- Birth weight: _____ cried after birth? (yes/ NO & why not?)
- admission to NICU | -reason: _____
-Duration: _____
-treatment received: _____
 - neonatal jaundice: (Onset, duration and treatment received if any)
 - Cyanosis Apgar score

Nutritional History

- Breast feeding: -Frequency: _____ -Duration: _____
- Formula feeding: | -Type: _____ -Frequency: _____
-Amount & how prepared: _____
- Weaning: | -Age _____ -type pf food _____
-Frequency: _____ -well tolerated? _____
- Any supplements: _____

Developmental History

Gross motor: _____ Fine motor: _____

Language: _____ social: _____

School performance: _____

Vaccination History

Additional vaccines: _____

Any complications or problems associated: _____

Last vaccine:-

Inherited illnesses. Description: _____
Which family members _____

Consanguinity

Household members: _____ Pets: _____

Secondary smoking

Residency (Floor, Ventilation): _____

Insurance: _____

Exposure to chemicals: _____

Father age: _____ Father job & Education: _____

Mother age: _____ Mother job & Education: _____

Travel history -When: _____ -Where: _____

Socioeconomic History