



History Taking Form

MED40 at Taibah University

By: Abdullah K. Aljohani

◆ Personal Data			
◆ Name: ◆ Age: ◆ Gender (<input type="checkbox"/> Male <input type="checkbox"/> Female)			
◆ Nationality: ◆ Residency: ◆ Occupation:			
◆ Marital status: (<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced) ◆ How many offspring you have?			
◆ Chief Complaint (The stated reason for seeking care at the present time – The main symptom that brought the patient to the hospital)			
◆ Chief Complaint:			
◆ Route of admission (<input type="checkbox"/> Emergency <input type="checkbox"/> Outpatient department <input type="checkbox"/> Referral from) ◆ Date of admission: (/ /)			
◆ The duration, for how long?.....			
◆ History of Presenting Illness (HPI)			
◆ 1- SOCCRATES			
Site			
Onset	<input type="checkbox"/> Sudden <input type="checkbox"/> Acute <input type="checkbox"/> Gradual		
Character	<input type="checkbox"/> Pricking <input type="checkbox"/> Cutting <input type="checkbox"/> Burning <input type="checkbox"/> Aching <input type="checkbox"/> Throbbing <input type="checkbox"/> Colicky <input type="checkbox"/>		
Course	<input type="checkbox"/> Constant (Stationary) <input type="checkbox"/> Continuous: Improve or worsen with time? <input type="checkbox"/> Intermittent: How many times? Each one last for how long? <input type="checkbox"/> Progressive <input type="checkbox"/> Regressive		
Radiation			
Alleviating factors			
Time	When did it Start? Increase at a specific time in the day?		
Exacerbating factors			
Severity	Scoring: (1 – 2- 3- 4 – 5- 6 -7 -8 -9 -10) <table border="1" style="display: inline-table; vertical-align: middle; margin-left: 20px;"> <tr> <td>Interfering with:</td> </tr> <tr> <td><input type="checkbox"/> Daily activities <input type="checkbox"/> Sleep (Awake from sleep)</td> </tr> </table>	Interfering with:	<input type="checkbox"/> Daily activities <input type="checkbox"/> Sleep (Awake from sleep)
Interfering with:			
<input type="checkbox"/> Daily activities <input type="checkbox"/> Sleep (Awake from sleep)			
◆ 2- Specific questions (Depending on symptoms there are specific questions related to them)			
Substance questions	Amount: Odor: Timing: (<input type="checkbox"/> Initial- <input type="checkbox"/> Terminal – <input type="checkbox"/> Total) Color: Content:		
◆ 3- Associated symptoms			
◆ 4- Risk factors			
Ask about:			
<input type="checkbox"/> Smoking <input type="checkbox"/> HTN <input type="checkbox"/> DM <input type="checkbox"/> Hyperlipidemia <input type="checkbox"/> Using the OCP <input type="checkbox"/> Family Hx. of premature ACS <input type="checkbox"/> Hx. of IHD			
Other Risk factors related to CC., or to possible DDx:			
◆ 5- Review of involved system/s (The chief complaint could be involved in more than one system)			



History Taking Form

MED40 at Taibah University

By: Abdullah K. Aljohani

◆ 6- Constitutional symptoms					
Fever	Documented, or no? reading? The way of measuring? By whom? Associated with Chills and rigors? Antipyretic medication use?				
Fatigue					
Weight change	Intentional, or no? How many Kilos? Duration?				
Night sweating					
Appetite change					
◆ 7- Hospital course (What happened since you arrived? History of the same episode before?)					
◆ Past Medical History					
Previous similar attack	<input type="checkbox"/> Yes	How many times?	What's the time of each one?		
	<input type="checkbox"/> No	When did the last time happen?	What's the time BETWEEN each one?		
Chronic disease?	<input type="checkbox"/> HTN	<input type="checkbox"/> DM	<input type="checkbox"/> Asthma	Under control, or not?	
	<input type="checkbox"/> Other:				
Other disease?	<input type="checkbox"/> Yes, What is it?		When did it start?	Under control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> No				
Hx. Of Hospitalization	<input type="checkbox"/> Yes, Why?		Duration?	Investigations?	
	<input type="checkbox"/> No				
Hx. Of Vaccination				Hx. Of Trauma/ Accident	
◆ Past Surgical History					
Any previous surgery?	What (Type)?	Why?	When?	Where?	Complication?
◆ Past Drug History					
Drug	For what?	Dose	Route	Frequency	Duration
<input type="checkbox"/> Antibiotics <input type="checkbox"/> OCP <input type="checkbox"/> NSAIDs <input type="checkbox"/> CCB <input type="checkbox"/> ACEi <input type="checkbox"/> ARBs <input type="checkbox"/>				Side effects?	
◆ Allergy					
<input type="checkbox"/> Yes, For What?		When?	How was the reaction?	How was it managed?	
<input type="checkbox"/> No Say "No Known Allergy" (NKA)					
◆ Blood transfusion					
Why?	When?	How many units?	Any complication?		
◆ Menstrual History in FEMALE patients					
Regular?	LMP?	Duration?	Amount?	Age of menarche?	Age of menopause?
<input type="checkbox"/> Yes					
<input type="checkbox"/> No					



History Taking Form

MED40 at Taibah University

By: Abdullah K. Aljohani

Number of pregnancies?		Number of Deliveries?	
		Types of deliveries?	
		Complication?	
◆ Family History			
Same disease in the family?	Age of patient	Duration	Complication
Are your parents alive?	<input type="checkbox"/> Yes <input type="checkbox"/> No, Mention the age and the cause of death:		
Chronic disease?	What is it?	Complication?	
Inherited disease?	Malignancies:		Other:
◆ Social History			
Living conditions	Where?	With whom?	Floor No.?
			Socioeconomic status?
Habit	Diet?	Exercise?	
Smoking	Type?	Daily amount?	Duration?
Alcohol	Type?	Daily amount?	Duration?
◆ Travel History			
Where?	When?	How long?	Hx. Of immobilization?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
◆ Summary			
.....			
.....			
.....			

Systematic Review

Gastrointestinal system							
Abdominal pain		Regurgitation		Vomiting		Yellow sclera	
Abdominal Distention		Heartburn		Diarrhea		Purities	
Dysphagia		Indigestion		Constipation		Dark urine	
Odynophagia		Nausea		Yellow skin		Pale stool	
Hematemesis		Hematochezia		Melena		Steatorrhea	
Cardiovascular system							
Chest pain		Paroxysmal nocturnal dyspnea		Calf muscle pain		Bluish discoloration of hands or feet	
Chest pressure		Orthopnea		Paresthesia		Ankle swelling	
Dyspnea		Syncope		Palpitation			



History Taking Form

MED40 at Taibah University

By: Abdullah K. Aljohani

Respiratory system							
Chest pain		Shortness of Breath		Hemoptysis		Snoring	
Wheezing		Sputum		Cough		Runny nose	
Hoarseness							
Nervous system							
Headache		Tremors		Seizure		Fainting	
Dizziness		Numbness		Tingling		Dysarthria	
Dysphagia		Weakness		Hearing disturbance		Visual disturbance	
Sleep disturbance		Gait disturbance		Photophobia			
Endocrine system							
Alternation in weight		Alternation in appetite		Heat intolerance		Cold intolerance	
Diarrhea		Constipation		Polyuria		Polydipsia	
Fatigue		Tremor		Sweating		Dryness	
Hair change		Voice change		Headache		Neck swelling	
Musculoskeletal system							
Pain in muscle		Pain in bone		Pain in joints		Pain in neck	
Pain in back		Weakness		Morning stiffness		Joints swelling	
Movement limitation		Rash		Eye dryness		Mouth dryness	
Hematology							
Bruising		Bleeding		Lymph node enlargement			
Renal and Genitourinary							
Obstructive symptoms							
Hesitancy		Straining during urination		Decrease force & caliber of urinary stream		Intermittency	
Sense of incomplete emptying		Terminal dribbling		Double stream			
Storage symptoms							
Frequency		Nocturia		Urgency		Urge incontinence	
Others							
Dysuria		Polyuria		Frothy urine		Flank pain	
Passage of stones		Sexual dysfunction		Hematuria		Testicular pain or mass or ulcer	
Discharge from urethra		Ankle or face edema		Vomiting/ Nausea		Headache	



History Taking Form

MED40 at Taibah University

By: Abdullah K. Aljohani

- Don't forget to ask about **ICE** (I: Ideas, C: Concerns, E: Expectations)

Don't forget when you take a history of Wheezy Chest to:

- Ask if the patient between the attack is completely free
- Ask about: Fever and preceding upper respiratory infection
- Ask about Nasal symptoms (Nasal obstruction – Sneezing – Rhinorrhea – Itching)
- Ask about other associated related extrapulmonary symptoms e.g. heartburn, water regurgitation (GERD-induced asthma)



Don't forget when you take a history of Syncope to Ask:

- Ask whether the patient remembers falling
- Ask about the circumstances of the fall (Where, What was he doing). whether patient had just arisen
- Suffered an intense emotion (Fear, Anxiety)
- Had been coughing or straining
- Had been extending his neck
- Had palpitations and its detail
- Is he/she a known cardiac patient: IHD or VALVULAR disease
- Had vertigo
- Who witnessed the fall
- About loss of consciousness and its duration
- About fitting/convulsion
- About headache or confusion upon recovery
- About injuries sustained (Tongue biting)



Don't forget when you take a history of Seizures to Ask:

- Prodromal symptoms (Aura): any change in sensation, visual disturbance, olfactory or auditory hallucination.
- During Attack:
 - a. Motor (convulsion): what group of muscles are involved? What type of movement (tonic, clonic, atonic...)? Is it symmetrical in both half of the body? Tongue biting? Deviation of eyes? Injured yourself?
 - b. Sensory: any abnormal sensation.
 - c. Autonomic: urine incontinence.
 - d. Level of consciousness.
 - After recovery: any symptoms of headache, confusion, how he gets recovery.
 - Triggering Factors: Flash of light, sleep deprivation, watching TV...etc





History Taking Form

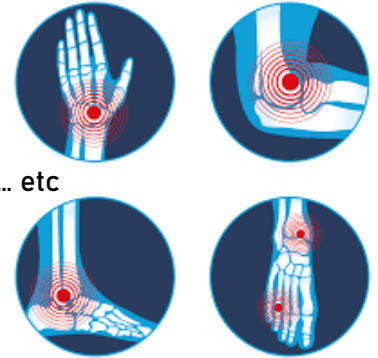
MED40 at Taibah University

By: Abdullah K. Aljohani

- Associated symptoms: Meningism- Fever & neck stiffness – weight loss – muscles weakness – headache ...etc
- Hx of head trauma

Don't forget when you take a history of Rheumatology to Ask:

- About swelling, deformity
- About stiffness and its duration
- About local associated features e.g. redness
- About extra-articular features e.g. red eye, hair fall, photosensitive rash ... etc
- About possible trauma
- About possible recent infection e.g. gonococcal UTI, Bacillary dysentery
- Depressive disorder to be ruled out

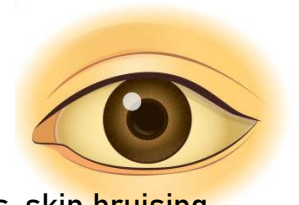


Don't forget when you take a history of Palpitation to Ask:

- About specific triggering factors e.g. Anxiety, excess tea, coffee, drug.

Don't forget when you take a history of Jaundice to Ask:

- About the color of sclera, urine, stool
- About bleeding tendencies due to hypoprothrombinemia e.g. epistaxis, skin bruising
- About itching or pruritus
- About history of (Chronic liver disease, Infective hepatitis, Calculous cholecystitis, Hemolytic anemia, Contact with a case of infective hepatitis, surgery, Hepatotoxic drugs, blood transfusion)



Don't forget when you take a history of Fever to Ask:

- Lymphadenopathy (Palpable body mass)
- Diurnal variation, or nocturnal fever
- Rash
- Chills, rigors
- Sweating
- Raw milk ingestion & TB contact





History Taking Form

MED40 at Taibah University

By: Abdullah K. Aljohani

Don't forget when you take a history of DM to Ask:

- About type of DM
- About treatment: (Insulin/ OHA) or both, and types of insulin and name of OHA
- About dose, frequency of insulin/ OHA
- Assess DM control
- Symptoms of hyperglycemia or hypoglycemia
- If the patient checks his sugar at home/ Average fasting and random
- About HbA1C
- About hospitalization for DM complication/ How many/ Cause
- About (Diabetic foot – Numbness – Decrease sensation in feet and hand – Deterioration in vision – laser therapy to eyes – proteinuria (Frothy urine) – renal impairment – hypertension – hyperlipidemia – IHD – Chest pain – CVA- Intermittent claudication – recurrent infection)



I looked at many resources, notes of doctors, previous students' works, and previous history files, so I created this file in the hope that it will benefit you. I wish you all the best.

Thank you,

To contact me:

Email: Abdullahas535@gmail.com

Twitter: @A_qqv
