

personal history :-

Name:-

Age :-

address:-

Sex:-

occupation:-

Marital status

mode of admission:

chief complaint: [pt words / duration]

HPI;- [ask about symptom in same system+ similar attack]...

full details of main complaint: SOCRATSES +B symptoms [fever-weight loss- appetite]

past medical and surgical history-

DM

HIN

asthma

hospital admission previous

operation. (type- When -recurrence- wound infection]

Blood transfusion +vaccination :-

Drug History: (drug+ dose + duration] , drug allergy or food , side effect +herbal +OTC

family history:-

similar problem:

cancer-

cause of death in relatives

chronic illness

Social history :-

education

living condition

Animal contact

travel history

- no blood transfusion
- immun-
corona
2 doses

ROS:-

.resp;- cough
sputum(color+amount)
haemoptysis
wheeze -hoarseness
dyspnea ,PND, orthopnea
chest pain

cardio: chest pain
dyspnea ,PND, orthopnea
LL edema
palpitation
cyanosis

claudication

↳ lower / limb Ischemic

فقد النبض في الساقين severe claudication

GIT: oral ulcer

nasena-vomiting

hematemesis

dysphagia, odynopgagia

heart burn-regurgitation

abdominal pain-distension

diarrhea-constipation

bleeding by rectem [color + amount]

Jaundice-itching.

endocrine: ~~polyuria~~ -polydipsia

loss of appetite-hyperphagia (weight gain or loss)

Amenorrhea-galatorrhea

heat-cold intolerance

skin-hair changes

sweating-dryness

urinary :- dysuria - hematuria-nocturia.

histany

dripping

pain

discharge

CNS;- mental state

headach

dizziness.

convulsion - tenetus

musculoskeletal: Arthritis

swelling

Arthralgia

myalgia

skin [rash-discoloration -nail changes].

Stiffness

hematological: ^{gate} easy bleeding

easy fatigability

bruising

pallor

lymphadenopathy

genital tract: menstruation
urethra
breast
Pregnancy- abortion

Habits

smoking

drink

unusual eating habits

Do you have any thing else you want to tell me?!

Thank you.. ♡