

Patient's Name: _____ BP: _____ HR: _____ RR: _____ Temp: _____

C.C. _____

HPI:

Transition Question

PAIN
LIQOPRAAA

Location
Intensity
Quality
Onset (duration & Frequency)
Precipitating event
• Progression
• Previous episodes
Radiation
Alleviating
Aggravating
Associated symptoms

NO PAIN
DOC PA FAA

Describe what happened?
Onset
Constant/intermittent
Precipitating event
• Progression
• Previous episodes
Alleviating factors
Frequency
Aggravating factors
Associated symptoms

Review of systems (ROS):

This is a check list, do NOT write anything

Adults
THEN FR CS
PUB SAW ID

Pediatrics
FEVER CUD SAD

Trauma/Travel recently
Headache
Edema
Nausea/Vomiting (onset, color, frequency)
Fever/chills/Night sweat/Fatigue
Racing of ♥ / Rash
Chest pain/Cough (sputum, odor, color, blood)
SOB
Pain in joints
Urinary problem
Bowel problem (abdominal pain, Diarrhea, Constipation, onset, color, blood, frequency)
Sleep problem
Appetite
Weight (how much? Time? Intentional?)
Infection (recent infection)
Dizziness (if yes, Vision problem?)

Fever
Ear pulling
Vomiting (onset, color, frequency)
Eyes / Ear discharge
Rash / Rhinorrhea
Cry / Chest symptoms/Cold (recent URI, runny nose, cough, chest pain, SOB, difficulty swallowing)
Urination (increase or decrease, #dippers, odor, color, dysuria)
Diarrhea (onset, frequency, color, blood, mucus)
Sleep/ Seizure (loss of bowel or urine, loss of consciousness)
Activity (awake, playful, how does he looks?)
Dehydration (dry mouth, shrunken eyes, soft or shrunken spots over the head "fontanelles")

Transitional Q

PMH:

Adults
PAM HITS FOSS

Past Medial History
Allergies
Medication
Hospitalization in the past
I'll contacts
Trauma
Surgery
Family Hx
OB/GYN (LMP RTV CS PAP)
LMP, Menarche, Period lasts? Regularity?
Tampons (# per day), Vaginal discharge, Itching, Dryness, Cramps, Spotting?
(Intermenstrual / Post coital), Pregnancy (# of times? Complication),
Abortion/Miscarriage
Pap Smear (Last pap? Abnormal?),
Sexual Hx (with who? # of partners? Men or women? Protection? # of partners since last year?)
Social Hx (WHARTED)
- Work
- Home
- Alcohol (ask CAGE)
- Recreational drugs (Name? Last time used, method of use?)
- Tobacco (#pack per day, Educate)
- Exercise
- Diet

Pediatrics
PAM IF BIG DEALS

Past Medial Hx,
• Past Surgical Hx
• Previous hospitalization
• Prenatal Hx
Allergies
Medications
Ill contacts
Family Hx
Birth Hx
Immunization
Growth & Development
Day care (Sick contacts?)
Eating habits
Appetite
Last Check up (was it normal?)

DDx:

1.
2.
3.

Diagnostic work-up

•
•
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