## **RAPID HISTORY TAKING**

1. PA	FIENT PROFILE:		
I.	Name:		
II.	Father / Husband:		
III.	Age:		
IV.	Sex:		
٧.	Marital status:		
VI.	Occupation:		
VII.	Residence:		
VIII.	Date of admission:	<del></del>	
IX.	Admitted through:	O.P.D / Emergency	
174.	Admitted through.	on is / Emergency	
	ESENTING COMPLAIN:   not exceeding three)	(Please mention in chronological order and lasting of	duration   use no medical
		· · · · · · · · · · · · · · · · · · ·	<del> </del>
	hrase and condense it ne	<b>GILLNESS:</b> (Use patient's account related to expresecessary. Describe <u>onset, nature</u> and <u>course</u> of each	
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*Clarify and summarize to your patient what you understand - you may need to do this more than once.			
<b>4. PAST HEALTH HISTORY:</b> (Confirm it the patient had any of the following issues i.e Myocardial Infarction, Angina, Hypertension, Diabetes Mellitus and Jaundice and record it present.)			
5. TREATMENT HISTORY: (Ask if the patient has been previously hospitalized, surgeries and treatments.)			
6 FAMILY HISTORY:			
7 DEDOONAL HIGTORY			
7. PERSONAL HISTORY:			
i. Addictions and quantity concurred nor day:			
i. Addictions and quantity consumed per day:			
ii. Blood transfusions:iii. Tattoos:			
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8. Scio-Economic History: (for making the following assessments)			
i. Affordability ( )			
ii. Access to clean drinking water and sanitation ( )			
iii. Ask number of family members and total number of rooms to analyze spread of communicable diseases.			

## 9. Systemic Inquiry / Review of Systems

SYSTEMS REVIEW				
In the past month, have you had any of the following problems?				
GENERAL	NERVOUS SYSTEM	PSYCHIATRIC		
☐ Recent weight gain; how much	☐ Headaches	☐ Depression		
☐ Recent weight loss: how much	☐ Dizziness	☐ Excessive worries		
☐ Fatigue	☐ Fainting or loss of consciousness	☐ Difficulty falling asleep		
☐ Weakness	☐ Numbness or tingling	☐ Difficulty staying asleep		
☐ Fever	☐ Memory loss	☐ Difficulties with sexual arousal		
☐ Night sweats	•	☐ Poor appetite		
		☐ Food cravings		
MUSCLE/JOINTS/BONES	STOMACH AND INTESTINES	☐ Frequent crying		
☐ Numbness	□ Nausea	□ Sensitivity		
☐ Joint pain	☐ Heartburn	☐ Thoughts of suicide / attempts		
☐ Muscle weakness	☐ Stomach pain	□ Stress		
☐ Joint swelling	□ Vomiting	☐ Irritability		
Where?	☐ Yellow jaundice	☐ Poor concentration		
	☐ Increasing constipation	☐ Racing thoughts		
EARS	☐ Persistent diarrhea	☐ Hallucinations		
☐ Ringing in ears	☐ Blood in stools	☐ Rapid speech		
☐ Loss of hearing	☐ Black stools	☐ Guilty thoughts		
		□ Paranoia		
EYES	SKIN	☐ Mood swings		
☐ Pain	☐ Redness	□ Anxiety		
☐ Redness	□ Rash	□ Risky behavior		
☐ Loss of vision	□ Nodules/bumps			
☐ Double or blurred vision	☐ Hair loss			
☐ Dryness	☐ Color changes of hands or feet	OTHER PROBLEMS:		
THROAT	BLOOD			
☐ Frequent sore throats	☐ Anemia			
☐ Hoarseness	□ Clots			
☐ Difficulty in swallowing				
☐ Pain in jaw	KIDNEY/URINE/BLADDER			
LIFART AND LUNGS	☐ Frequent or painful urination			
HEART AND LUNGS	☐ Blood in urine			
☐ Chest pain ☐ Palpitations	Women Only:			
☐ Shortness of breath	□ Abnormal Pap smear			
□ Fainting	☐ Irregular periods			
☐ Swollen legs or feet	☐ Bleeding between periods			
□ Cough	□ PMS			
Developed by batch 2013-14 of Bolan Medical College, Quetta Balochistan				