RAPID HISTORY TAKING

1. PATIENT PROFILE:

I.	Name:	_____
II.	Father / Husband:	_____
III.	Age:	_____
IV.	Sex:	_____
V.	Marital status:	_____
VI.	Occupation:	_____
VII.	Residence:	_____
VIII.	Date of admission:	_____
IX.	Admitted through:	**O.P.D / Emergency**

2. PRESENTING COMPLAIN: *(Please mention in chronological order and lasting duration | use no medical jargon | **not exceeding three**)*

_____
_____
_____

3. HISTORY OF PRESENTING ILLNESS: *(Use patient's account related to expressed "chief complaints | Paraphrase and condense if necessary. Describe onset, nature and course of each symptoms | Omit irrelevant details)*

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Clarify and summarize to your patient what you understand - you may need to do this more than once.

4. SYSTEMIC INQUIRY:

a. General:
Weight loss (   )   Weight gain (   ) Energy Loss (   ) Sleep Deprivation (   ) Loss of appetite (   )
Additional Details: _____

b. Cardiovascular System:
Breathlessness (On: **Lying Flat** *(Orthopnea)* | **At night** | **On minimal exertion**)
Chest pain on exertion (   ) Palpitation (   ) Edema In Feet (   )   Hypertension (   )
Additional Details: _____

c. Respiratory System:
Cough (If yes, **Productive** or **Non-Productive** | Mention quantity & quality of sputum:
_____)
Shortness of breath (S.O.B) (   ) Haemoptysis (   ) Wheeze (   )
Chest pain due to inspiration or expiration (   )

d. Gastrointestinal Tract:
Nausea (   ) Vomiting (   ) Heartburn (   ) Diarrhea (   ) Constipation (   ) Abdominal Pain (   )

Oral Ulcers (   ) Difficulty swallowing (   )
Additional Details: _____

d. Urinary System:
Pain in the flanks (   ) Dysuria (   ) Hematuria (   ) Pain Lumbar Region (   ) Polyuria (   )
Additional Details: _____

e. Nervous System:
Headache (   ) Numbness (   ) Fits (   ) Faints (   ) Visual Loss (   ) Dizziness *(vertigo)* (   )
Memory & concentration changes (   )
Additional Details: _____

f. Integumentary System:
Rash (   ) Blisters (   ) Itching (   ) Colored Spots (   )
Additional Details: _____

g. Musculoskeletal System:
Joint Pain (   ) Stiffness (   ) Swelling (   ) Restricted / Painful Movement (   )
Additional Details: _____

3. PAST HEALTH HISTORY: *(Confirm if the patient had any of the following issues i.e Myocardial Infarction, Angina, Hypertension, Diabetes Mellitus and Jaundice and record if present.)*
_____
_____
_____
_____
_____
_____

4. TREATMENT HISTORY: *(Ask if the patient has been previously hospitalized, surgeries and treatments.)*
_____
_____
_____
_____
_____

5. FAMILY HISTORY:
_____
_____
_____
_____
_____

6. PERSONAL HISTORY:

i. Addictions and quantity consumed per day: _____
ii. Blood transfusions: _____
iii. Tattoos: _____

7. 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.