

**Day & Date:** \_\_\_\_\_

**Patient profile:**

• \_\_\_\_\_ is a \_\_\_\_\_ years old ( married/ divorced/ widowed) patient .  
Housewife/ work as \_\_\_\_\_, lives in \_\_\_\_\_  
Her blood group is \_\_\_\_\_, And her husband blood group is \_\_\_\_\_  
She is Gravida \_\_\_\_\_= Parity \_\_\_\_\_+( all were NORMAL vaginal delivery / all by Cs)  
Her last menstrual period(LMP) on the \_\_\_\_\_/\_\_\_\_\_/20\_\_ ,  
And her expected date of delivery(EDD)on the \_\_\_\_\_/\_\_\_\_\_/20\_\_ ,  
**Duration of anenoehea** is around \_\_\_\_\_ ,  
Her Gestetional age is \_\_\_\_\_(if she is pregnant).  
She admitted to the hospital on \_\_\_\_\_ at \_\_\_\_\_ via (clinics/ ER) .

**Chief complain & it's duration:**

**History of present illness:**

The patient (was doing well until \_\_\_\_\_ days when she feel \_\_\_\_\_/ Or the patient complained from \_\_\_\_\_  
Site: the pain was in \_\_\_\_\_, Onset\_\_\_\_\_, character \_\_\_\_\_  
Radiated to the \_\_\_\_\_, exacerbated by \_\_\_\_\_, relieved by \_\_\_\_\_  
Timing \_\_\_\_\_, severity \_\_\_\_\_  
Other associated symptoms : \_\_\_\_\_  
Her presentation when she was admitted to the hospital ) \_\_\_\_\_  
How is the patient today ? \_\_\_\_\_  
Fetal movement ? \_\_\_\_\_

**History of present pregnancy:**

The patient missed ..... period(s)  
And took home test on the ..... of ..... and she is ( sure / not sure )  
Confirm it by Laboratory test on the ..... of ..... and she is ( sure / not sure )  
..... Her first antenatal visit was : 1. on the ..... of 2. after .....days / weeks after her pregnancy was diagnosed  
Here ask about her booking visit, if they took her blood pressure, weigh her in , her requested any blood test , and the results . شو عملولها باول زيارة ؟  
Her last HCG level is / was ..... mg/dl on the ..... she takes ( vitamins , iron , folic acid , calcium ) supplements  
Last time she was weighed was on the ..... of ..... And she gained ..... Kg She felt quickening at ..... week or at the GA of .....  
This pregnancy was planned/ unplanned ?

Ask about	Yes or no
Morning sickness	
Nausea / Vomiting / heart burn	
Anti-emetic drugs use	
Breast fullness / Tenderness	
breast tenderness	
↑ / ↓ Urine frequency	
Dysuria	
Urgency	
Constipation	
Diarrhea	
Headache	
Joint pain	
Back pain	
Lower limb	
1. Swelling	
2. Pain	
3. Redness	
Vaginal	
1. Bleeding	
2. Discharge	
Vulva Itching	

**previous pregnancies:**

She is G ..... : P ..... + .....  
She was married at age of.....  
And she became pregnant after her marriage by ..... (days\months\years)  
Ask if she sought medical help to get pregnant ?.....

IF miscarriage happened → D&C?

#	Sex	Year	weight	GA	Delivery	NICU?

**Gynecological history:**

Menarche started at age of ..... and it was( regular/ irregular , Heavy \ Light )  
She changed ..... pads a day , fully / partially / ..... soaked, With / without clots.  
For..... days ,every.....  
She ( has / does not have ) dysmenorrhea (she takes/ doesn't take drugs to reduce the symptoms ..... ).  
She has / doesn't have inter-menstrual bleeding  
She has / doesn't have vaginal discharge.....  
She has / doesn't have dyspareunia  
Any Gynecological OP:  
Any note ? .....

**Contraceptive history:**

Method / duration  
• If the patient is **menopausal**  
o Age of menopause: \_\_\_\_\_  
o Symptoms of menopause: \_\_\_\_\_  
o Hormone replacement therapy: \_\_\_\_\_

**Past Medical and surgical Hx**

-Chronic illnesses ( Illness+ Controlled/Not controlled+ Followups+ Complications)  
- Blood transfusions  
- Admissions/Clinic Visits/ER Visits  
PAP smear :

**Drug Hx:**

Scientific Name:  
Dose:  
Dose regimen:  
Duration:  
indication:  
Adv:

**Family Hx:**

HTN :  
DM :  
Same condition:  
CA →-Breast. -Colon.  
-Ovary. -Endometrium

**Allergy:**

**Social Hx:**

•Smoking :  
•Alcohol:  
•Travel:

Last 3 cycles  
Last 6 months

**ROS:**

**General:**

- Well-being: \_\_\_\_\_,  Sleep: \_\_\_\_\_
- Appetite: \_\_\_\_\_,  Mood: \_\_\_\_\_
- Energy: \_\_\_\_\_,  Wt change \_\_KG to \_\_KG within \_\_\_\_\_

**CVS**

- Chest pain \_\_\_\_\_,  Palpitations: rate \_\_\_\_\_ rhythm \_\_\_\_\_
- Breathlessness: \_\_\_\_\_ gradual/sudden, precipitating factors \_\_\_\_\_
- Orthopnea, relieved by \_\_\_ pillows frequency \_\_\_\_, duration \_\_\_\_, Syncope \_\_\_\_\_
- PND around time \_\_\_\_\_ exercise effect worsen/ better / no change
- on minimal effort like \_\_\_\_\_  Pain on walking (claudication) yes/no
- NYHA CLASS \_\_\_\_\_ distance \_\_\_\_\_, relieved on rest? \_\_\_\_\_
- CANADIAN CLASS \_\_\_\_\_ unilateral/bilateral, location \_\_\_\_\_
- \_\_\_\_\_ Ankle swelling \_\_\_\_\_

**RS (always ask about duration + frequency + consistency + onset + progression)**

- Shortness of breath  Cough (Dry, productive), Sound \_\_\_\_\_
- Sputum (serous/mucous/purulent/rusty), timing (day/night), associated symp. \_\_\_\_\_
- amount \_\_\_\_\_, smell+color+taste \_\_\_\_\_ exac/relieving \_\_\_\_\_
- blood \_\_\_\_\_, masses \_\_\_\_\_  Hemoptysis \_\_\_\_\_
- Wheezes (on insp/expir), (persistence/not)  Chest pain when inspi/coughing?  Hoarseness
- (at night/on wakening)  Stidor (inspi/expir)

**GI**

- Oral ulcers (painful/painless) (recurrent/not)  Carries/other procedures \_\_\_\_\_
- Dysphagia (solids/liquids/both) which level \_\_\_\_\_
- odynophagia (pain swallowing)  Nausea  Vomiting, color+amount \_\_\_\_\_
- Indigestion  Heartburn blood \_\_\_\_, content \_\_\_\_\_ projectile?
- Abd. Pain

- Change in bowel movements \_\_\_\_ normal habit was \_\_\_\_ times daily, changed to \_\_\_\_\_
- Change of color of stool to \_\_\_\_\_, Consistency of stool \_\_\_\_\_
- Diarrhea  Constipation  Blood in stool  \_\_\_\_\_

**URO**

- Irritative symptoms:  Frequency  Nocturia  Urgency
- Obstructive symptoms:  Retention  Hesitancy/Straining  Poor stream  Terminal
- Dribbling  Feeling of incomplete voiding
- Abnormal Voiding:  Dysuria  Hematuria (Initial/Terminal/Total)
- Volume:  Polyuria  Oliguria
- Competence:  Incontinence (Stress/Urge/Overflow)

**Genital-Men**

- Urethral discharge  Erectile difficulties

**Genital-Women**

- Last menstrual period \_\_\_\_\_, timing and regularity \_\_\_\_\_
- Abnormal bleeding \_\_\_\_\_,  Vaginal discharge \_\_\_\_\_
- Contraception \_\_\_\_\_
- \_\_\_\_\_
- Pain during intercourse \_\_\_\_\_

**Endocrine**

- Heat or cold intolerance  Excess thirst (polydipsia)  Change in sweating

**Musculoskeletal**

- joint pain  stiffness  swelling of joints  limited range of motion in particular joint \_\_\_\_\_
- Falls, Why \_\_\_\_\_, associated with \_\_\_\_\_, trauma? \_\_\_\_\_

**Nervous**

- Headache, when \_\_\_\_\_ why \_\_\_\_\_ associated with \_\_\_\_\_
- Dizziness, vertigo? \_\_\_\_\_ Light-headedness? \_\_\_\_\_, \_\_\_\_\_
- fainting \_\_\_\_\_,  Fits \_\_\_\_\_
- altered sensations (tingling, burning, pins)  Weakness \_\_\_\_\_
- Visual disturbances \_\_\_\_\_,  hearing problems \_\_\_\_\_
- Memory and concentration \_\_\_\_\_

**Other**

- Bleeding \_\_\_\_\_
- Skin Rash \_\_\_\_\_