SYSTEMIC INQUIRY

(Ask about major symptoms of diseases of all the systems and note down both positive as well as negative answers. Don't ask about symptoms already mentioned in the history of present illness.

PAST HISTORY

(Mention all important illnesses including chronic illnesses like hypertension, diabetes mellitus, ischemic heart disease and tuberculosis. Ask about admission to the hospital, accidents or operations in the past.

Roll No: **Class:** **Batch:**

HISTORY No.

BED No.
Ward.

PATIENT´S BIODATA

Name: _____ **Age** _____ **Sex** _____ **Marital Status** _____

Occupation _____ **Address** ***(postal)*** _____

Date of admission _____ **Date of discharge** _____

Mode of Admission - Out Door/Emergency

HISTORY

Presenting Complaints **Duration (in chronological order)**

HISTORY OF PRESENT ILLNESS

(Describe each complaint one by one maintaining the chronological order, preferable in patient's own words. Also include progress of the symptoms. Avoid medical terms.)

PHYSICAL EXAMINATION

General Appearance: _____

Vital signs

Pulse _____ *BP* _____ *Temp* _____ *Respiratory rate* _____

GENERAL PHYSICAL EXAMINATION

Pallor _____ **Cyanosis (central or peripheral)** _____

Clubbing _____ **Koilonychia** _____ **Splinter Hemorrhages** _____

Nodes (Osler's Heberden's, Bouchard's) _____ **Tremors** _____

Fingers swellings/deformity _____ **Palmar erythema** _____

Dupuytren's contracture _____ **Special facies** _____

Puffiness of face _____ **Jaundice** _____

Thyroid gland (enlargement, bruit) _____

JVP _____

Lymph nodes _____

Spider naevi _____ **Dependent edema** _____

Signs of dehydration (dryness of tongue, sunken eyes, loose skin) _____

Any other sign _____

CARDIOVASCULAR SYSTEM

Pulse: Rate _____ **Rhythm** _____ **Volume** _____

Character _____ **Comparison with other pulses (radio-femoral delay)** _____

Other arterial pulsations _____

_____ **Vessel wall** _____

BP _____ **JVP** _____

_____

FAMILY HISTORY

(Find out illnesses like tuberculosis. Hypertension, diabetes, ischemic heart disease or any other illness in parents, siblings (brothers and sisters) and children. In case of a possible heritable disorder also ask about grand parents, uncles, aunts and their children, and inter-cousin marriages.)

_____

_____

_____

TREATMENT HISTORY

(Find out about names of drugs if known: any left over drugs, labels or prescriptions are important sources of information.) _____

_____

_____

PERSONAL AND SOCIAL HISTORY

Occupation (Past and Present) _____

Monthly income _____ **Sleeping habits/worries** _____

Relation with other members _____

Hygienic conditions at home and at work _____

Addiction _____ **Hobbies and pets** _____

Travel abroad _____

Menstrual history

_____

_____

_____

Obstetrical history

_____

_____

Palpation of chest

Tenderness/crepitus _____ **Trachea** _____ **Apex beat** _____

Movements _____ **Chest expansion** _____

Vocal fremitus _____ **Palpable sounds** _____

Percussion of chest

Upper border of the liver _____ **Percussion note** _____

_____

Auscultation of chest

Breath sounds: (Character, intensity) _____

Vocal resonance: _____

Adventitious sounds: (ronchi, crepitations, rub) _____

_____

Forced expiratory time ***(in patients with airway obstruction)*** _____

ALIMENTARY SYSTEM

Oral cavity _____

Inspection of abdomen

Shape _____ **Movements of abdominal wall (respiratory, peristalsis)** _____

_____ **Pulsations** _____

Prominent veins (direction of flow of blood) _____

Scars _____ **Striae** _____ **Pigmentation** _____

Umbilicus _____ **Public hair** _____

Hernial orifices _____

Palpation of abdomen

Tenderness _____ **Rigidity** _____

Palpable mass _____

Inspection of Precordium

Shape _____ **Scar** _____ **Apex beat** _____

Other pulsations _____

Visible ***(direction of flow of blood)*** _____

Palpation of Precordium

Apex beat: Position _____ **Character** _____

Parasternal heave _____ **Thrill:** ***(site, timing)*** _____

_____ **Palpable heat sounds** _____

Other pulsations _____

Percussion of precordium

Heart sounds (note intensity of both heart sounds, splitting of second heart sound, presence of 3rd or 4th heart sounds. _____

_____

Other sounds ***(Clicks, snaps)*** _____

Murmurs: ***(note timings, intensity, site of maximum intensity, radiation, pitch, character, effect of respiration and effect of posture.)*** _____

_____

_____

Rub: ***(pericardial or pleuropericardial*** _____

RESPIRATORY SYSTEM

Inspection of chest

Respiratory rate and pattern _____ **Shape of chest** _____

Deformity _____ **Movements** _____

Visible veins _____ **Apex beat** _____ **Scar** _____

CRANIAL NERVES

(Sense of smell, taste, color, vision, formal hearing tests, positional nystagmus and gag reflex are only tested when their abnormality is suspected on the basis of other clinical information)

Nerve	Right	Left

Olfactory: (smell)

Optic: (visual acuity, near and far, field of vision, Color vision; Fundoscopy)

Oculomotor, Trochlear, Abducent: (palpebral fissure, movements of the eyeball; pupil; size, shape, reaction to light and sensations on the face and front of cranium)

Trigeminal: (clenching the teeth, movements of jaw, jaw jerk, sentsations on the face and front of cranium)

Facial: (wrinkling of forehead, closure of the eyelid, nasolabial folds, inflation of cheeks, showing teeth th detect deviation of angle of mouth, whistling, taste of anterior 2/3 of the tongue, hyperacusis)

Vestibulocochlear: (watch test, whisper, test, tuning fork tests, positional nystagmus)

Glossopharyngeal: (taste of posterior 1/3 of tongue, gag reflex)

Vagus: (position of uvula, movements of soft polate, phonation, vocal cords)

Accessary: (shrugging of shoulders, movements of head)

Hypoglossal: (fasciculations, movements of the tongue)

Peripheral nerves and autonomic nervous system.

Liver _____

Gallbladder _____

Spleen _____

Kidneys _____

Urinary bladder _____ Aorta _____

Percussion of abdomen

Liver: Upper border _____ Lower border _____

Spleen _____ Urinary bladder _____

Shifting dullnes _____ Fluid thrill _____

Auscultation of abdomen

Bowel sounds _____ Other sounds _____

Rectal examination and genitalia

_____

_____

NERVOUS SYSTEM

Higher mental functions

Appearance and behaviors

Consciousness level (Glasgow coma scale)

Orientation in time and space _____

Speech _____

Memory: (old and recent) _____

Hallucinations / delusions _____

Skull and spine _____

Cortical sensations *when required (localization, two point discrimination, stereognosis, sensory inattention, agraphia, agnosia)*_____

_____

Romberg's sign (to differentiate between cerebellar and sensory ataxia) _____

Cerebellar signs

Nystagmus

Scanning speech

Intention tremors

Finger nose test

Dysdiadochokinesia

Rebound phenomenon

Hypotonia

Heel knee test

Pendular knee jerks

Gait

Signs of meningeal irritation

Neck rigidity _____ **Kering's sign** _____ **Brudzinski's Sign** _____

Sign of root irritation and tetany

_____

LOCOMOTOR SYSTEM

_____

_____

PROVISIONAL DIAGNOSIS

_____

DIFFERENTIAL DIAGNOSIS

_____

_____

_____

MOTOR SYSTEM

	Right upper limb	Left upper limb	Right lower limb	Left lower limb
Bulk of muscles/ Fasciculations/ Involuntary Movements				
Tone of muscles				
Power of muscles				
Coordination				

REFLEXES	Right	Left	REFLEXES	Right	Left
Biceps jerk			**Knee jerk**		
Triceps jerk			**Ankle jerk**		
Supinator jerk			**Planter Reflex**		
Abdominal reflexes					

Gait _____

SENSORY SYSTEM

	Right upper limb	Left upper limb	Right lower limb	Left lower limb
Touch				
Pain				
Temperature				
Position				
Vibration				

DAILY PROGRESS REPORT

DATE	SYMPTOMS AND SIGNS	TREATMENT

Roll No of Student: _____ **Date of History Taking:** _____

Class: _____

Checked by: _____ **Signature** _____

INVESTIGATIONS

Urine (Abnormal findings) _____

_____

Stool (Abnormal findings) _____

_____

Blood: ESR _____ ***Hemoglobin*** _____ ***TLC*** _____ ***DLC:P*** _____ ***L*** ____ ***M*** ____ ***E*** ____

Biochemistry

_____

_____

_____

_____

X-ray chest

Abdominal Ultrasound _____

_____

_____

ECG _____

_____

CT Scan/MRI _____

_____

_____

Other tests _____

_____

FINAL DIAGNOSIS _____

_____