## History

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marital Status</td>
<td>Residency</td>
<td>Date of Admission</td>
<td></td>
</tr>
</tbody>
</table>

Date of taking history

### Chief Complaint and duration:

### History of Present illness:

? Pain ( Site, Duration, Periodicity, Type, Severity, Radiation, Aggravating factors, Relieving factors, Associated symptoms).
Systemic review:

1. **Nervous system**: Headache, Coma, Convulsions, Blurred vision, Decreased Hearing, Difficulty with speech, Dysphagia, Limb Weakness, Sphincter disturbances, Parasthesia, Anesthesia.

2. **Cardiovascular system**: Chest pain, Dyspnea, Orthopnea, Paroxysmal nocturnal dyspnea, leg oedema, Palpitation.


4. **Gastrointestinal system and Liver**: Dysphagia, heartburn, Dyspepsia, Vomiting, Hematemesis, Abdominal pain, Diarrhoea, Costipation, melena, Bleeding per rectum, Jaundice, Pale stool, Dark urine.

5. **Urinary system**: Loinpain, Polyurea, Nocturia, polydypsia, Frequency, Dypsura, oligurea, Hematuria, Pyurea, Hesitancy, Urgency, Dripping, Retension, Incontinence


7. **Musculoskeletal system**: Arthralgia, Arthritis, Myalgia, Bone Pain, Backpain.

8. **Mucucutaneous symptoms**: Hair loss, Skin rash, Itching, Bleeding spots, Mouth ulcers, sore throat, epistaxis.

9. **Menstrual and Obstetric history**: Menarche, menstrual cycle, menorrhagia, amenorrhoea, menopause, Number of pregnancies, Abortions, Type of Delivery.

Past Medical history:
Diabetes, Hypertension, Ashma, TB, Renal stones , Previous Hospitalization, previous operations, Blood transfusion.

Family history:
Similar illness, Diabetes, Hypertension, TB.

Socioeconomic history:
Marital status, children, House circumstances, Animals in the house, Details of occupation, Water Supply.

Habits:
Smoking, Drinking Alcohol, Others.

Drug history:
Allergy to any drug specially penicillin. Any regular use of drugs, use of corticosteroids.