

PATIENT DETAILS--

AGE:

SEX:

INPATIENT / OUTPATIENT / PRIMARY CARE

WARD:

PRESENTING COMPLAINT:

HISTORY OF PRESENTING COMPLAINT:

SITE

ONSET

CHARACTER

RADIATION

ASSOCIATED SYMPTOMS

TIME

EXACERBATING / RELIEVING FACTORS

SEVERITY

PAST MEDICAL HISTORY:

FAMILY MEDICAL HISTORY:

DRUG HISTORY:

ALLERGIES

PRESCRIBED

RECREATIONAL

INHALERS

CONTRACEPTIVES

OVER THE COUNTER

TOPICAL

SUPPLEMENTS

SOCIAL HISTORY:

OCCUPATION

HOME LIFE - SUPPORT? SAFE?

ALCOHOL / SMOKING

DIET / EXERCISE

SEX / PREGNANCY

IDEAS:

CONCERNS:

EXPECTATIONS:

EXTRA NOTES: