

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Documented (yes or no)						
5	Way of documentation (axillary, orally, rectally, transtentuous)						
6	Max temperature was reached						
7	Spiking Q how many hours? Spacing with time or not?						
8	Relieving factors (antipyretics, cold compressors), partially or completely?						
9	Activity when afebrile?						
10	Associated with: -Chills and rigors? -Rash? -Abnormal movements? Altered LOC? -Wight loss(how many, over how many months, intended or not) -Night sweat, appetite						
	Looking for the focus:						
11	CNS sx: headache, photophobia, phonophobia <i>for meningitis</i>						
12	Respiratory sx: Sore throat, Cough, runny nose, nasal congestion, chest pain, SOB						
13	GI sx: Abdominal pain, diarrhea, vomiting, jaundice						
14	Urinary sx: Frequency, urgency, dribbling, dysuria, hematuria, Flank pain						
15	MSK sx: Joint swelling, hotness, redness, infected ulcers						
16	Facitious or environmental fever						
17	Hidden infections: Brucellosis, Typhoid, occult bacteremia or sepsis <i>تفحص</i>						
	Remnants of the hx:						
18	Past medical hx (FME, HTN, DM, immunosuppression, malignancy)						
19	Past surgical hx						
20	Drugs for chronic diseases						
21	Specific dugs (Paracetamole, NSAIDs, antibiotics, chemotherapy)						
22	Family hx						
23	Occupation (needle stick?)						
24	Smoking and pack year						
25	Alcohol and tattoos						
26	Recent travel hx or blood transfusion or hx of sick contact						
27	Diet (street food or eating out home)						
28	Gynecological hx if female : -If married: ask if pregnant or not -Last menstrual period, Regular or not -PROM (premature rupture of membranes)						

Station (14): Palpitations

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration	✓					
4	Continuous or intermittent? Frequency per day?	✓					
5	For how long does it persist?						
6	Exacerbating factors (stress and anxiety, exercise, caffeine, drugs, fever)	✓					
7	Relieving factors (special maneuvers, drugs)	✓					
8	Nature of it: rapid heart beat or forceful or irregular						
9	Can you mimic it by knocking on the table (to know the rhythm if regular or not)	✓					
10	Have you ever counted your heart rate during the attack of palpitation? Without it?	✓					
11	Previous similar history?	✓					
12	Recent Upper respiratory tract infection	✓					
13	Associated with other CVS symptoms: -Chest pain, SOB or orthopnea, Lower limb edema, syncope	✓					
14	Any hx of LOC or syncope?	✓					
15	Ask about clues for hyperthyroidism: -Weight loss? (especially if significant, unintended, with increased appetite) -Heat intolerance? -Eye sx: redness, dryness and itching, excessive tearing, diplopia or retro orbital pain -Rash on shins (Pretibial Myxoedema) -Diarrhea -Excessive sweating and Nail changes -Proximal muscle weakness						
16	Review of systems (almost skip)						
17	Past medical hx (HTN, DM, congenital heart disease, HF, rheumatic fever, arrhythmia, thyroid dysfunction, anemia, asthma) >> each one has a point	✓					
18	Past surgical hx (valve replacement, major surgery and blood loss)	✓					
19	Drugs for chronic diseases	✓					
20	Specific drugs (B2 agonists, levothyroxin, digoxin, diuretics)	✓					
21	Family hx (cardiac diseases, sudden deaths, thyroid or hematological diseases)	✓					
22	Occupation and home settings (which stair)	✓					
23	Smoking and pack year, alcohol	✓					
24	Recent travel hx or blood transfusion or hx of sick contact	✓					
25	Diet (caffeine, energy drinks)	✓					
26	Gynecological hx if female : -If married; ask if pregnant or not , recent delivery(post partum Thyroiditis) -Last menstrual period, Regular or not -Heavy mense (Menorrhagia)						

Station (15): Seizure (abnormal movements)

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration (Is he a known case or this is the 1 st time)						
4	How many times? Frequency per day or week or month?						
5	For how long does the attack last?						
6	How it was aborted? (alone or by valium)						
7	Time needed to recover and need full cognition?						
	What parts of the body are included?						
	-Generalized or upper limb(s) or lower limb(s) or mouth twitches						
	Witnessed or not? If yes, by whom?						
	Ask who witnessed to describe it:						
	Tonic clonic or jerky movements or staring or hypotonia and weakness						
	Associated with:						
	-Loss of consciousness or remained aware						
	-Pallor, flushing or cyanosis or sweating						
	-Eyes uprolling, frothy secretions, per oral cyanosis, urinary or fecal incontinence						
	-Injury (tongue biting and if yes where?)						
	-Post ictal sleepiness						
	Triggers (Sleep deprivation, stimulants, stress, hypoglycemia-so ask when was the last meal)						
	Preceded by aura (visual or auditory or ..) or chest pain or palpitations or headache						
	Hx of fever, headache, photophobia or phonophobia, nausea and vomiting?						
	Hx of head trauma? Impact on life style?						
	Previous similar history?						
	Review of systems (almost skip)						
	Past medical hx (febrile convulsion, neonatal hyperbilirubinemia, epilepsy, stroke, HTN, DM, CVS disease or arrhythmia, liver disease) >> <u>each one has a point</u>						
	Past surgical hx						
	Drugs for chronic diseases (anticonvulsants, those for DM and HTN)						
	Specific drugs (Paracetamol toxicity, digoxin toxicity,)						
	Family hx (Seizures)						
	Occupation, driving and home settings (which stair)						
	Smoking and pack year, alcohol						
	Recent travel hx or blood transfusion or hx of sick contact						
	Diet (caffeine, energy drinks)						

Station (16): Headache

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset						
6	Character						
7	Radiation						
8	Exacerbating factors						
9	Relieving factors						
10	Severity						
11	Progression over time (same, worse, better)? Intermittent or persistent? For how long does each attack last? And for how long do you stay pain free?						
12	Diurnal variation? Awakens him from sleep						
13	Associated with: -Loss of consciousness or syncope or behavioral changes -Eye symptoms: Diplopia, visual field defect, photophobia -Autonomic features (tearing, conjunctival injection, nasal stuffiness, ptosis) -Jaw pain on chewing -Abnormal movements -Nausea and vomiting -Fever or rash or upper respiratory tract infection (Sinusitis) -Neck stiffness -Aura, phonophobia -B symptoms (anorexia, weight loss.)						
14	Triggers (Sleep deprivation, stimulants, stress, special food, menstrual cycle)						
15	Hx of head trauma?						
16	Previous similar history?						
17	Review of systems (almost skip)						
18	Past medical hx (Stroke or TIA, HTN, DM, CVS disease, anemia) >> <u>each one has a point</u>						
19	Past surgical hx						
20	Drugs for chronic diseases						
21	Specific drugs (Paracetamol, NSAIDs, Tramal,)						
22	Family hx (Migraine headache)						
23	Occupation and home settings (which stair)						
24	Smoking and pack year, alcohol						
25	Recent travel hx or blood transfusion or hx of sick contact						
26	Diet (caffeine, energy drinks, chocolate, cheese)						

Station (17): Joint pain (Or swelling -> so if one comes, ask about the other)

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset						
6	Character						
7	Radiation						
8	Exacerbating factors(motion, rest)						
9	Relieving factors(motion, rest, analgesia)						
10	Severity						
11	Progression over time (same, worse, better)? Persistent or Intermittent?						
12	Diurnal variation						
13	Involvement of other joints						
14	Associated with: -Decreased or limited range of motion -Weakness or limbing (in lower limbs) -Numbness or parasthesia -Swelling, Redness, Hotness -Fever -Rash -GI symptoms -Urinary symptoms -Visual symptoms -Abnormal movements (chorea) -Chest pain or palpitations						
15	Hx of trauma?						
16	Hx of recent Upper respiratory tract infection or Gastroenteritis						
17	Previous similar history?						
18	Review of systems (almost skip)						
19	Past medical hx (DM, IBD) -> each one has a point						
20	Past surgical hx						
21	Drugs for chronic diseases						
22	Specific drugs (Paracetamol, NSAIDs)						
23	Family hx (RA, SLE)						
24	Occupation and home settings (which stair)						
25	Smoking and pack year, alcohol						
26	Recent travel hx or blood transfusion or hx of sick contact						

Station (18): Lower limb edema (Or peri orbital edema)

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site, unilateral or bilateral						
5	Involvement of other sites (abdomen, scrotum) >> Way to ask about that; Does your trousers turned to be not fit? >> Do you know your weight before and after?						
6	Onset (sudden or gradual)						
7	Association with: <ul style="list-style-type: none"> • Discoloration (redness), rash or pigmentation • Pain or Limited range of motion • Hotness or fever • Itching • If periorbital >> visual symptoms like diplopia, impaired vision, tearing • SOB, chest pain, cough, orthopnea, wheezes or cyanosis • Lip swelling (angioedema) • Urinary sx (frothy urine, hematuria, decreased urine output) • Symptoms of hypothyroidism (cold intolerance, constipation,...) • Chronic diarrhea or jaundice (protein losing enteropathy) 						
8	Progression over time (same, worse, better)						
9	Diurnal variation						
10	Exacerbating factors						
11	Relieving factors						
12	Hx of trauma or insect bite						
13	Recent upper respiratory tract infection?						
14	Previous similar history?						
15	Review of systems (almost skip)						
16	Past medical hx (CVS disease, CKD, liver disease, hypothyroidism)						
17	Past surgical hx						
18	Drugs for chronic diseases						
19	Specific drugs (NSAIDs, Glucocorticoids, Ca channel antagonists ;nifedipine or amlodipine) or new drug ingestion						
20	Family hx (CVS disease, CKD, liver disease, hypothyroidism)						
21	Occupation and home settings (which stair)						
22	Smoking and pack year, alcohol						
23	Recent travel hx						
24	Diet (salty food, new food ingestion)						
25	If married lady, ask if pregnant or not						

Station (19): Syncope/Presyncope/Dizziness

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	How many times? Frequency per day or week or month?						
5	For how long does the episode last?						
6	How you recover and regain your consciousness?						
7	Time to recovery of full consciousness and normal cognition?						
8	Witnessed? By whom? Preceded by any of: <ul style="list-style-type: none"> • Palpitations, chest pain, sweating or pallor • Lightheadedness or headache • Nausea • Tinnitus • Visual disturbances 						
9	Associated with: <ul style="list-style-type: none"> • Abnormal movements • Uprolling of eyes, frothy secretions, fecal or urinary incontinence 						
10	Triggers (Sleep deprivation, stimulants, stress, postural change, prolonged standing, hypoglycemia-so ask when was the last meal)						
11	Any injuries? Impact on life style?						
12	Hx of fever, photophobia or phonophobia, vomiting?						
	NOTE If Presyncope or dizziness -> ask the patient to elaborate exactly what does he mean by it? What he felt exactly?						
14	Previous similar history?						
15	Review of systems (almost skip)						
16	Past medical hx (epilepsy, stroke, HTN, DM, CVS disease or arrhythmias) -> <u>each one has a point</u>						
17	Past surgical hx						
18	Drugs for chronic diseases (anti hypertensive meds)						
19	Specific drugs (Nitrates, B blockers, Digoxin, Amiodarone, ACE inhibitors)						
20	Family hx (Seizures, CVS disease or sudden deaths, cardiomyopathy)						
21	Occupation , driving and home settings (which stair)						
22	Smoking and pack year, alcohol, exercise						
23	Recent travel hx or blood transfusion or hx of sick contact						
24	Diet (caffeine, energy drinks)						