History Collection

PATIENT PROFILE

History Collection

Name:
Age:
Sex:
Education:
Occupation:
Religion:
Marital Status:
Husband's/Wife's Name:
Address:
Date of Admission:
Diagnosis:
Ward Name:
I.P. No.:
Bed No.:

Family History

[Note hereditary or familial diseases, health conditions of immediate family members.]

Chief Complaints

[List the patient's main symptoms or reasons for admission.]

Personal History

Diet:
Sleep:
Elimination:
Habits:
Allergies:

Menstrual/Obstetric History (if applicable)

Menarche:
Cycle:
Last Menstrual Period (LMP):
Gravida:
Para:
Abortions:

History of Present Illness

[Describe the onset, duration, and progression of current symptoms.]

Treatment History

[List all medications, therapies, or alternative treatments currently or previously used.]

History of Health Status

(a) Present Medical History:
[Note any ongoing illnesses, medications, or treatments.]

(b) Past Medical History:
[Include previous illnesses, hospitalizations, or long-term conditions.]

(c) Present Surgical History:
[Record any recent operations or surgical interventions.]

(d) Past Surgical History:
[Document any previous surgeries, complications, or related outcomes.]

Summary

[Brief summary of the patient's overall health status, key problems, and notable findings.]