

Station (1): Abdominal pain

#	Item :	1	2	3	4	5	6
1	Introduce yourself, ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset (sudden or gradual)						
6	Character (colicky, tight, vague, burning)						
7	Radiation (yes or no, if yes to where?)						
8	Timing (constant, intermittent)						
9	Course over time (better, same, progressive)						
10	Exacerbating factors						
11	Relieving factors						
12	Severity, previous similar hx?						
Associated symptoms in the same system (GI) :							
13	Nausea and vomiting						
14	Change in bowel habit (diarrhea/constipation) And abdominal distention						
15	Hematemesis or hematochezia						
16	Heartburn, dysphagia or odenophagia						
17	Jaundice						
18	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
19	ROS mainly urinary sx (see station 12) and hx of trauma						
Associated B-symptoms :							
20	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)						
Remnants of the history:							
21	Past medical hx (HTN, DM, Celiac, IBD)						

22	Upper on lower endoscopy?						
23	Past surgical hx (appendectomy, cholecystectomy)						
24	Drugs for chronic diseases						
25	Specific drugs (Paracetamol, NSAIDs, antibiotics, steroids)						
26	Family hx of GI disease (FMF, colon CA, celiac)						
27	Occupation (needle stick?)						
28	Smoking and pack year						
29	Alcohol and tattoos						
30	Recent travel hx or blood transfusion						
31	Diet (fatty meal, street food)						
32	Gynecological hx if female : -If married; ask if pregnant or not -Last menstrual period, Regular or not						

Station (2): Vomiting

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times/day)						
5	Content (food, blood, bile, faeculent)						
6	Projectile (yes or no)						
7	Related to meals (yes or no)						
8	Spontaneous or self induced or posttussive						
Associated symptoms in the same system (GI) :							
9	Abdominal pain						
10	Nausea						
11	Change in bowel habit (diarrhea/constipation) And abdominal distention						
12	Hematochezia						
13	Heartburn, dysphagia or odenophagia						
14	Jaundice						
15	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
16	ROS mainly CNS sx (almost skip) and hx of trauma						

Associated B-symptoms :						
17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history: <i>النقص (الكثير)</i>						
18	Past medical hx (HTN, DM, Addison, IBS, Liver failure, CKD)					
19	Upper or lower endoscopy?					
20	Past surgical hx					
21	Drugs for chronic diseases					
22	Specific drugs (Paracetamol, NSAIDs, antibiotics, opioids, digoxin, cytotoxics, SSRIs and antidepressants)					
23	Family hx of GI disease (FMF, colon CA, celiac)					
24	Occupation (needle stick?)					
25	Smoking and pack year					
26	Alcohol and tattoos					
27	Recent travel hx or blood transfusion					
28	Diet (fatty meal, street food)					
29	Gynecological hx if female : -If married; ask if pregnant or not -Last menstrual period -Regular or not					

Station (3): Diarrhea

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times/day)						
5	Content (blood or mucous or pus)						
6	Consistency (watery, soft)						
7	Volume						
8	Color						
9	Relation to fasting or eating (improves or worsens with each of them)						
Associated symptoms in the same system (GI) :							
10	Abdominal pain						
11	Nausea and vomiting						
12	Tenesmus or Incontinence or distention						
13	Alternating with constipation (yes or no)						
14	Jaundice						
15	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
16	ROS (almost skip)						

Associated B-symptoms :						
17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history:						
18	Past medical hx (HTN, DM, IBS, IBD)					
19	Upper on lower endoscopy?					
20	Past surgical hx					
21	Drugs for chronic diseases					
22	Specific dugs (antibiotics, laxatives, PPI)					
23	Family hx of GI disease (celiac, IBD)					
24	Occupation (restaurant, work with animals)					
25	Smoking and pack year					
26	Alcohol and tattoos					
27	Diet (fatty meal, street food)					
28	Recent travel hx and to where					

Station (4): Jaundice

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Where was seen (sclera, skin), by whom?						
5	Course with time (progressive, same, better)						
6	Associated with itching (yes or no)						
7	Bleeding tendency, easy bruising (yes or no)						
8	Exacerbating factors (stress , fasting)						
9	Previous similar hx						
Associated symptoms in the same system (GI) :							
10	Abdominal pain						
11	Nausea and vomiting						
12	Color of stool and urine						
13	Change in bowel habits						
14	Hematemesis or hematochezia						
15	Abdominal distention						
Associated symptoms with other systems:							
16	ROS (almost skip)						

Associated B-symptoms :							
17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, G.B stones, liver failure, Pancreatic CA, Cholangiocarcinoma, G6PD, Spherocytosis, Sickle cell, autoimmune diseases like celiac and thyroid)						
19	Upper or lower endoscopy?						
20	Past surgical hx						
21	Drugs for chronic diseases						
22	Specific drugs (Paracetamol, Rifampicin, Isoniazid, Flucloxacillin, cytotoxics)						
23	Family hx of GI disease (Pancreatic CA, <u>Gilbert's Syndrome</u>)						
24	Occupation (needle stick)						
25	Smoking and pack year						
26	Alcohol and tattoos						
27	Blood transfusion or IV drugs						
★ 28	Immunizations and hx of sick contact						
29	Recent travel hx and to where						
30	Diet (fatty meal, street food)						

Station (5): Dysphagia

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Course with time (progressive, same, better)						
5	Timing (always or intermittent)						
6	For solids or liquids or both (which is worse?)						
7	Level of feeling the food sticks at						
8	Painful (odynophagia) or painless						
9	Exacerbating and relieving factors						
Associated symptoms in the same system (GI) :							
10	Abdominal pain						
11	Nausea and vomiting						
12	Heartburn						
13	Change in bowel habits.						
14	Hematemesis or hematochezia						
15	Halitosis, Globus, mouth or peri anal ulcers						
Associated symptoms with other systems:							
16	ROS; neurological sx for Myasthenia gravis or CVA, Respiratory sx and hx of aspiration, endocrine sx for thyroid (almost skip)						

Associated B-symptoms :						
17	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history:						
18	Past medical hx (HTN, DM, thyroid, Myasthenia Gravis, CVA, hx of alkali ingestion)					
19	Upper on lower endoscopy or esophageal dilatation					
20	Past surgical hx					
21	Drugs for chronic diseases					
22	Specific drugs (steroids ,immunosuppressant) can cause esophagitis					
23	Family hx of GI or neurological or thyroid diseases					
24	Occupation (exposure to radiation)					
25	Smoking and pack year					
26	Alcohol					
27	Diet (impact of dysphagia on it)					

Station (6): GI bleeding (Hematemesis or Hematochezia)

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times)						
5	Course with time (progressive, same, better)						
6	Amount of blood						
7	How it appears (clots, streaks, active bleeding, mixed with stool)						
8	When it appears (beginning or finishing or all through)						
9	What is the exact color (fresh red, dark brown, black)						
10	Risk factor ; forceful vomiting or anal fissure						
11	Bleeding tendency, easy bruising , bleeding from other sites than the GI tract (yes or no)						
12	Previous similar hx						
Associated symptoms in the same system (GI) :							
13	Abdominal pain						
14	Nausea and vomiting						
15	Heartburn and dyspepsia						
16	Change in bowel habit (diarrhea/constipation)						
17	If hematemesis ask about hematochezia and if hematochezia ask about hematemesis						
18	Abdominal distention						
19	Mouth or peri anal ulcers						
Associated symptoms with other systems:							
20	ROS (almost skip)						

Associated B-symptoms :						
21	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)					
Remnants of the history:						
22	Past medical hx (HTN, DM, liver disease (cirrhosis) , Pancreatic disease, Peptic Ulcer, IBD, bleeding tendency)					
23	Upper on lower endoscopy?					
24	Past surgical hx					
25	Drugs for chronic diseases					
26	Specific dugs (NSAIDs, glucocorticoids, anticoagulants)					
27	Family hx of GI or hematological diseases					
28	Occupation					
29	Smoking and pack year					
30	Alcohol					
31	Diet					
32	Recent travel hx and to where					

Station (7): Chest pain → Syncope

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset (sudden or gradual)						
6	Character						
7	Radiation (yes or no, if yes to where?)						
8	Timing (constant, intermittent)						
9	Course over time (better, same, progressive)						
10	Exacerbating factors						
11	Relieving factors						
12	Severity						
13	Previous similar hx						
Associated symptoms (Cardio, respiratory, GI, MSK) :							
14	Palpitations, orthopnea, PNDs, edema						
15	SOB, cough, noisy breathing, sx of DVT						
16	Syncope						
17	Heartburn, dysphagia or odenophagia						
18	Hx of trauma or muscle spasm or rib fracture						
19	Skin rash (shingles)						
Associated symptoms with other systems:							
20	ROS (almost skip)						
Associated B-symptoms :							
21	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
22	Past medical hx (HTN, DM, cardiac diseases, chronic						

	respiratory conditions like asthma, COPD, CF, Bronchiactasis, GERD, dyslipidemia)						
23	Hx of cath (stented or not), bronchoscopy?						
24	Recent URTI or gastroenteritis						
25	Past surgical hx (CABG, valve replacement, recent major surgery like C/S, hip or knee replacement)						
26	Drugs for chronic diseases						
27	Specific dugs (B-Blockers, <u>thyroxin</u> , NSAIDs, OCPs, nitrates)						
28	Family hx of cardiac or respiratory diseases						
29	Occupation						
30	Smoking and pack year						
31	Alcohol						
32	Recent travel hx or blood transfusion						
33	Diet						

Station (8): Breathlessness or Shortness of breath

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Onset (sudden or gradual)						
5	Timing (constant, intermittent)						
6	Course over time (better, same, progressive)						
7	Exacerbating factors						
8	Relieving factors						
9	Severity (use <u>MRC</u> scale)						
10	Previous similar hx						
Associated symptoms (Cardio, respiratory, MSK) :							
11	Palpitations, orthopnea, PNDs, syncope						
12	Chest pain, cough, noisy breathing, sx of DVT						
13	Edema (lower limbs, ascites, scrotal edema)						
14	Hx of trauma						
Associated symptoms with other systems:							
15	ROS (almost skip)						
Associated B-symptoms :							
16	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
17	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiactasis, DVT, PE)						
18	Hx of cath (stented or not), bronchoscopy?						
19	Recent URTI or gastroenteritis						
20	Past surgical hx (CABG, valve replacement, recent major						

	surgery like C/S, hip or knee replacement)						
21	Drugs for chronic diseases						
22	Specific drugs (B-Blockers, <u>thyroxin</u> , <u>NSAIDs</u> , OCPs, nitrates, B2 agonists)						
23	Family hx of cardiac or respiratory diseases						
24	Occupation						
25	Smoking and pack year						
26	Alcohol						
27	Recent travel hx or blood transfusion						
28	Diet						

Station (9): Cough

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Onset (sudden or gradual)						
5	Character (barking, whooping)						
6	Diurnal variation (constant, intermittent)						
7	Course over time (better, same, progressive)						
8	Exacerbating factors						
9	Relieving factors						
10	Productive (has sputum or not), if yes: Color, volume, consistency, has blood or not						
11	Previous similar hx						
Associated symptoms (Cardio, respiratory, GI) :							
12	Palpitations, orthopnea, PNDs, syncope						
13	Chest pain, cyanosis, noisy breathing, SOB, sx of DVT						
14	Edema (lower limbs, ascites, scrotal edema)						
15	Heartburn						
Associated symptoms with other systems:							
16	ROS (almost skip)						
Associated B-symptoms :							
17	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF, Bronchiactasis, DVT, PE)						
19	Hx of cath (stented or not), bronchoscopy?						

20	Recent URTI or gastroenteritis					
21	Past surgical hx					
22	Drugs for chronic diseases					
23	Specific drugs (B-Blockers, ACE inhibitors, NSAIDs, B2 agonists)					
24	Family hx of cardiac or respiratory diseases					
25	Occupation					
26	Smoking and pack year					
27	Alcohol					
28	Recent travel hx or blood transfusion					
29	Diet					

Station (10): Hemoptysis

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times)						
5	Color (red, pink, brown)						
6	Appearance and volume of blood -(streaks, clots, fresh blood) -(small amount, large amount, cup, spoon)						
7	With each cough (yes or no), started together?						
8	Sure it is coughed and not vomited or swallowed blood (ex. Epistaxis)?						
9	Previous similar hx						
10	Bleeding from other sites? Easy bruising?						
11	Cough analysis (see previous station)						
Associated symptoms (Cardio, respiratory, GI) :							
12	Palpitations, orthopnea, PNDs, syncope						
13	Chest pain, cyanosis, noisy breathing, SOB, sx of DVT						
14	Edema (lower limbs, ascites, scrotal edema)						
15	Heartburn, gum disease, jaundice						
Associated symptoms with other systems:							
16	ROS (almost skip)						
Associated B-symptoms :							
17	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, cardiac diseases, chronic respiratory conditions like asthma, COPD, CF,						

	Bronchiactasis, DVT, PE, lung CA, Bleeding disorder, Liver diseases)						
19	Hx of cath (stented or not), bronchoscopy?						
20	Recent URTI or gastroenteritis						
21	Past surgical hx						
22	Drugs for chronic diseases						
23	Specific drugs (anticoagulants, NSAIDs)						
24	Family hx of cardiac or respiratory or hematological diseases						
25	Occupation						
26	Smoking and pack year						
27	Alcohol						
28	Recent travel hx or blood transfusion						
29	Diet						

Station (11): Red urine

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Frequency (how many times)						
5	Color (red, pink, brown, tea colored)						
6	Appearance of blood (streaks, clots, fresh blood)						
7	Relation to voiding (beginning, mid or end)						
8	With each void (yes or no)						
9	Painful or painless						
10	Bleeding tendency or easy bruising						
11	Previous similar hx						
Associated symptoms (Urogenital) :							
12	Dysuria or abdominal pain or loin pain						
13	Urgency, Frequency, nocturia, urinary incontinence						
14	Hesitancy, poor stream, strain to void, dribbling, proteinuria, urine amount						
15	Perineal irritation or menstruating						
Associated symptoms with other systems:							
16	ROS including edema and bruises (almost skip)						
Associated B-symptoms :							
17	Fever , night sweat, appetite, weight loss (how much KG and over how many months)						
Remnants of the history:							
18	Past medical hx (HTN, DM, Bleeding disorder, Liver diseases, G6PD, CKD, renal stones Nephrotic S Alport's)						

19	Hx of Foley's catheter inserion or any trauma						
20	Recent URTI or gastroenteritis						
21	Past surgical hx						
22	Drugs for chronic diseases						
23	Specific drugs (anticoagulants, NSAIDs, Rifampin)						
24	Family hx of renal or hematological diseases						
25	Occupation						
26	Smoking and pack year						
27	Alcohol						
28	Recent travel hx or blood transfusion						
29	Diet (dyes, beet, fava beans)						

Station (12): Loin pain (UTI vs. Pyelonephritis)

#	Item :	1	2	3	4	5	6
1	Introduce yourself , ask for permission						
2	Patient profile (almost skip)						
3	Duration						
4	Site						
5	Onset (sudden or gradual)						
6	Character (colicky, tight, vague)						
7	Radiation (yes or no, if yes to where?)						
8	Timing (constant, intermittent)						
9	Course over time (better, same, progressive)						
10	Exacerbating factors						
11	Relieving factors						
12	Severity						
13	Previous similar hx						
Associated symptoms in the same system (Urogenital) :							
14	Dysuria						
15	Urgency, Frequency, nocturia, incontinence						
16	Hesitancy, poor stream, strain to void, dribbling						
17	Hematuria						
18	Frothy urine (proteinuria) + amount of urine						
Associated symptoms with other systems:							
19	ROS mainly GI sx (almost skip) and hx of trauma						
Associated B-symptoms :							
20	Fever , night sweat, appetite, rash, weight loss (how much KG and over how many months)						
Remnants of the history:							
21	Past medical hx (HTN, DM,CKD, stones ,PCKD)						
22	If CKD, ask if on dialysis and via what						

23	Past surgical hx (appendectomy, nephrectomy, Double J insersion)						
24	Drugs for chronic diseases						
25	Specific dugs (Paracetamole, NSAIDs, antibiotics)						
26	Family hx of Renal disease(CKD, PCKD, Alport)						
27	Occupation						
28	Smoking and pack year						
29	Alcohol						
30	Recent travel hx or blood transfusion						
31	Diet						
32	Gynecological hx if female : -If married; ask if pregnant or not -Last menstrual period, Regular or not						

Station (13): Fever

2023

#	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, transcutaneous)						
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 for meningitis						
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, dripping, dysuria, hematuria, Flank pain						
15	MSK sx: Joint swelling, hotness, redness, infected ulcers						
16	Factitious or environmental fever						
17	Hidden infections: Brucellosis, Typhoid, occult bacteremia or sepsis حمى مالتية , تيفوئيد						
Remnants of the hx:							
18	Past medical hx (FMF, 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) >> <u>each one has a point</u>	✓					
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) >> <u>each one has a point</u>						
20	Past surgical hx						
21	Drugs for chronic diseases						
22	Specific dugs (Paracetamole, 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	Reliving 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? Time to recovery of full consciousness and normal cognition?						
7	Witnessed? By whom?						
8	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 dugs (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)						