

Clinical History N° \_\_\_\_\_

Date and time of entry \_\_\_\_/\_\_\_\_/\_\_\_\_ : \_\_\_\_

### Affiliate data

Full name \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_          Age \_\_\_\_          ID N° \_\_\_\_\_

Sex, gender \_\_\_\_\_          Group / factor \_\_\_\_          Marital status \_\_\_\_\_

Address \_\_\_\_\_

Previous residences \_\_\_\_\_

Occupation \_\_\_\_\_

Previous occupations \_\_\_\_\_

Religion \_\_\_\_\_          Schooling \_\_\_\_\_

Info obtained by       Patient     Familiar     Other

### Chief complaints

\_\_\_\_\_

### Current illness

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## Living place

Services  Water  Electricity  Sewer  Natural gas  
Rooms \_\_\_\_\_ Residents \_\_\_\_\_ Bath \_\_\_\_\_  
Housing material \_\_\_\_\_  
Pets and animals \_\_\_\_\_

## Personal history

Allergies  Diabetes  High blood pressure  Asthma  Dyslipidemia  
 Complete vaccination schedule Missing \_\_\_\_\_

Childhood diseases \_\_\_\_\_  
\_\_\_\_\_

Chronic diseases \_\_\_\_\_

Contagious diseases \_\_\_\_\_

Cancer \_\_\_\_\_

Previous hospitalizations

Date	Reason
___ / ___ / _____	_____
___ / ___ / _____	_____
___ / ___ / _____	_____

Medications \_\_\_\_\_

## Gynecological background

Menarche \_\_\_\_\_ LMP \_\_\_/\_\_\_ Menstrual rhythm \_\_\_/\_\_\_  
Feats \_\_\_\_\_ Deliveries \_\_\_\_\_ C-sections \_\_\_\_\_ Born alive \_\_\_\_\_  
Contraception \_\_\_\_\_

## Family background

Parents _____	Diseases _____	Death cause _____
Brothers _____	Diseases _____	Death cause _____
Sons _____	Diseases _____	Death cause _____

Other background \_\_\_\_\_

## Habits

Diuresis \_\_\_\_\_ Catharsis \_\_\_\_\_  
Nutrition \_\_\_\_\_ Sexual habits \_\_\_\_\_  
Sleep \_\_\_\_\_ Exercise \_\_\_\_\_  
Alcohol \_\_\_\_\_ Tabacco \_\_\_\_\_ Drugs \_\_\_\_\_

## Risk situations

\_\_\_\_\_

## Familigram and genogram

## Anamnesis by apparatus and systems

Cardiovascular system \_\_\_\_\_

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Respiratory apparatus \_\_\_\_\_

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Digestive apparatus \_\_\_\_\_

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Urinary apparatus \_\_\_\_\_

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Genital apparatus \_\_\_\_\_

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Musculoskeletal apparatus \_\_\_\_\_

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Neurological system \_\_\_\_\_

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Endocrine system \_\_\_\_\_

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Integumentary apparatus \_\_\_\_\_

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## Physical exam

*General impresión* \_\_\_\_\_

Vital signs: HR \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ Pulse \_\_\_\_\_ Temperature \_\_\_\_\_

Weight \_\_\_\_\_ Height \_\_\_\_\_ BMI \_\_\_\_\_

### *Skin, Appendages and Integuments*

Appearance \_\_\_\_\_ Hair distribution \_\_\_\_\_

Lesions \_\_\_\_\_ Annexes \_\_\_\_\_

### *Head and neck*

Skull, face and scalp \_\_\_\_\_ Thyroids \_\_\_\_\_

Nostrils \_\_\_\_\_ Mouth and teeth \_\_\_\_\_

Neck \_\_\_\_\_ Eyes and eyelids \_\_\_\_\_

### *Chest*

Skin \_\_\_\_\_ Shape \_\_\_\_\_

Breasts \_\_\_\_\_

### *Respiratory apparatus*

Respiratory type \_\_\_\_\_ Pull accessory muscles \_\_\_\_\_

Lung morphology and dynamic \_\_\_\_\_

### *Cardiovascular system*

Heartbeats and extras \_\_\_\_\_

Normal sounds \_\_\_\_\_ Abnormal sounds \_\_\_\_\_

Murmurs \_\_\_\_\_ Clicks \_\_\_\_\_

Pulses: \_\_\_\_\_

### *Abdomen y pelvis*

Inspection \_\_\_\_\_ Palpation and percussion \_\_\_\_\_

Appearance and shape \_\_\_\_\_ Pain spots \_\_\_\_\_

Uterus and pregnancy \_\_\_\_\_

### *Genitourinary apparatus*

External genitalia exam \_\_\_\_\_

Renal percussion \_\_\_\_\_ Rectal exam \_\_\_\_\_

*Nervous system*

Consciousness status \_\_\_\_\_ Glasgow Score \_\_\_\_\_ Language \_\_\_\_\_

Cranial nerves exam \_\_\_\_\_  
\_\_\_\_\_

Reflexes \_\_\_\_\_  
\_\_\_\_\_

Motor skills examination \_\_\_\_\_

Sensitivity and pain test \_\_\_\_\_

Taxias y praxias \_\_\_\_\_ Coordination y reflexes \_\_\_\_\_

*Osteomyoarticular apparatus*

Spine \_\_\_\_\_

Upper limbs \_\_\_\_\_

Lower limbs \_\_\_\_\_

Hands and feet \_\_\_\_\_

**Problems list**

Acute	Chronics	
	Active	Passive

Diagnosis approach \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Complementary exams \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Evolution notes**

Date and time: \_\_ / \_\_ / \_\_ \_\_ : \_\_

Subjectives \_\_\_\_\_  
\_\_\_\_\_

Objectives \_\_\_\_\_  
\_\_\_\_\_

Analysis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and time: \_\_ / \_\_ / \_\_ \_\_ : \_\_

Subjectives \_\_\_\_\_  
\_\_\_\_\_

Objectives \_\_\_\_\_  
\_\_\_\_\_

Analysis \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date and time: \_\_ / \_\_ / \_\_ \_\_ : \_\_

Subjectives \_\_\_\_\_  
\_\_\_\_\_

Objectives \_\_\_\_\_  
\_\_\_\_\_

Analysis \_\_\_\_\_  
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Plan \_\_\_\_\_  
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**Epicrisis**

Fullname \_\_\_\_\_

Date of admission \_\_ / \_\_ / \_\_ \_\_ : \_\_ Discharge date \_\_ / \_\_ / \_\_ \_\_ : \_\_

Adminssion diagnosis \_\_\_\_\_

Discharge diagnosis \_\_\_\_\_

Treatment evolution summary \_\_\_\_\_

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Discharge reason \_\_\_\_\_

Recomendations \_\_\_\_\_

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\_\_\_\_\_

Physician at charge \_\_\_\_\_

\_\_\_\_\_  
Physician's signature