

Internal Focused History

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Medical Club Team

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How to take Focused History

The general structure of focused history is:

- 1- Chief complaint analysis
- 2- Associated symptoms (by system or by DDx)
- 3- Risk factors for the DDx
- 4- Others (family, past medical and social history)

Everyone must ask about these main points for a proper focused history but the order could be different.

In this guide we used the following:

- For the C.C analysis we used the (SOCRATES) mnemonic for all the symptoms, so by collecting the questions of the analysis in this mnemonic that makes them easier to remember
- For the associated symptoms, we organized the related symptoms by system, so you ask about the related symptoms (from each system) to your chief complaint ONLY;
That makes them easier to remember (you only have to memorize the systemic review symptoms (page 45) and start picking the related symptoms instead of memorizing the symptoms of each DDx),
Another advantage is that this way won't repeat the same questions so many times and waste time in the OSCE
- In risk factors you ask about the risk factors (obviously!) for your DDx
- In others, same as associated you ask about the main related things

P.S. Organizing the associated symptoms by system is NOT the same as doing a systemic review.

So in this guide you will know why you asked each question (in the C.C analysis or the associated symptoms) and what DDx go with each symptom

Note: This way of organizing the associated symptoms by system is not from me, it was explained by an internal medicine resident during the rounds and I found it useful.



1) CHEST PAIN

(DDx: ACS, Angina, PE, Pneumonia, Pericarditis, Shingles, Trauma)

A. Chief Complaint analysis (SOCRATES) :

I. Site

- a) Retrosternal → ACS, Angina, Pericarditis
- b) Lateral → PE, Pneumonia, Shingles

II. Onset (duration, sudden or gradual, progression, first time)

- a) Sudden → ACS, PE
- b) Gradual → Angina, Pneumonia

III. Character

- a) Heaviness → ACS, Angina
- b) Stabbing → PE, Pneumonia, Pericarditis
- c) Tearing → Aortic dissection

IV. Radiation

- a) Left shoulder, neck and teeth → ACS, Angina
- b) Back → Aortic dissection

V. Associated symptoms (finish the CC analysis then ask about them ↓)

VI. Timing

- a) Continuous or intermittent
- b) Day or night
- c) At exertion or at rest
- d) Time of each episode

VII. Exacerbating & Relieving factors

- Exacerbating:

- a) Exertion → ACS, Angina
- b) Movement, respiration and cough → PE, Pneumonia, Pericarditis

- Relieving:

- a) Rest → Angina
- b) NTG → Angina
- c) Leaning forward → Pericarditis

VIII. Severity

B. Associated symptoms

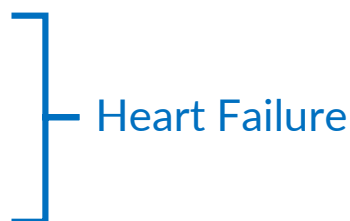


I. General

- a) Sweating → MI
- b) Nausea & vomiting → MI
- c) Fever & chills → Pneumonia

II. CVS

- a) SOB
- b) Orthopnea
- c) PND
- d) Ankle swelling



III. RS

- a) Cough and sputum → Pneumonia
- b) Hemoptysis → Pneumonia, PE
- c) Cyanosis → PE

IV. GI

- a) Heart burn or regurgitation → GERD, Esophagitis

V. MSS

- a) Skin rash → Shingles
- b) Joint pain → SLE

C. Risk Factors (always ask about smoking and alcohol)

- I. ACS → Age, HTN, DM, Hyperlipidemia, Family history, Smoking
- II. PE (DVT) → Recent travel, Surgery, Immobility, Pregnancy, OCP, Previous DVTs

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy
- VI. Trauma



- F. Social history
 - I. Smoking
 - II. Alcohol

**Investigations:

1. ACS + Angina → ECG and cardiac enzymes
2. Pneumonia → CXR
3. PE → CT-angiogram , D-dimer

2) SOB

(DDx: HF, Anemia, Asthma, COPD, Pneumonia, Bronchiectasis, PE, Restrictive Lung Disease, Pneumothorax)

A. Chief Complaint analysis (**SOCRATES**) :

I. **S**ite

II. **O**nset (duration, sudden or gradual, progression, first time)

III. **C**haracter

IV. **R**adiation

V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)

VI. **T**iming

a) continuous or intermittent

b) Day or Night:

o Night → **Asthma**

c) At exertion or at rest

d) Time of each episode

VII. **E**xacerbating & Relieving factors

VIII. **S**everity

B. Associated symptoms

I. General

a) Fever and chills → **Pneumonia**

b) Weight loss

c) Fatigue and dizziness → **Anemia**

II. CVS



- a) Chest Pain
 - b) Palpitations
 - c) Orthopnea
 - d) PND
 - e) Ankle swelling
- } Heart Failure

III. RS

- a) Cough → Asthma, COPD, Pneumonia, Bronchiectasis, RLD
- b) Sputum :
 - Dry → Asthma, RLD
 - Small amount → COPD
 - Large amount → Bronchiectasis
 - Yellow or green → Pneumonia
- c) Hemoptysis → PE, Pneumonia, Bronchiectasis (blood streaked)
- d) Pleuritic Chest pain → PE, Pneumonia
- e) Wheezing → Asthma, COPD

IV. GI

- a) Upper or lower GI bleeding → Anemia

V. MSS

- a) Lymphadenopathy
 - b) Skin rash
 - c) Arthritis
- } RLD

C. Risk Factors (always ask about smoking and alcohol)

- I. HF → Previous MI, HTN, DM, Smoking, Valvular heart disease
- II. COPD → Smoking
- III. PE → Previous DVT, Recent travel, Long surgery, OCP, Pregnancy, Immobility
- IV. Bronchiectasis → Recurrent infections and admissions
- V. RLD → Exposure to asbestos or dust, Occupation
- VI. Anemia → UGI bleeding (aspirin use), Bleeding from another site, Hemolytic anemia (jaundice / family Hx), Nutrition

D. Family history

- I. Same condition
- II. Chronic illness



E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy

F. Social history

- I. Smoking + Alcohol
- II. Occupation → RLD
- III. Married with kids → Rule out Bronchiectasis associated with Cystic fibrosis

**Investigations:

1. CXR → Pneumonia, Pulmonary edema, Asthma, COPD
2. Spirometry → Asthma, COPD, RLD
3. CT-angiography And D-dimer → PE
4. CBC → Anemia

3) Palpitation

(DDx: Arrhythmia, Thyrotoxicosis, Anemia, Pheochromocytoma)

A. Chief Compliant analysis (SOCRATES) :

- I. **S**ite
- II. **O**nset (duration, first time)
- III. **C**haracter
 - a) Regular
 - b) Irregular
- IV. **R**adiation
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- VI. **T**iming
 - a) Continuous or intermittent:
 - Continuous → Thyrotoxicosis
 - Intermittent → Arrhythmia
 - b) Duration of each episode
 - c) Has a Specific timing?
- VII. **E**xacerbating & Relieving factors



- Exacerbating (Precipitating) :
 - a) Exercise
 - b) Large meals
 - c) Stress
 - d) Alcohol
 - e) Coffee
 - f) Smoking
- Relieving?

VIII. **Severity** → Cause syncope?

B. Associated symptoms

I. General

- a) Fever
- b) Fatigue → **Anemia**
- c) Weight loss → **Hyperthyroidism, CA**
- d) Increased appetite → **Hyperthyroidism**
- e) Sweating → **Hyperthyroidism / Pheochromocytoma**
- f) Heat intolerance & irritability → **Hyperthyroidism**
- g) Headache → **Pheochromocytoma**

II. CVS

- a) SOB
 - b) Orthopnea
 - c) PND
 - d) Ankle swelling
 - e) Chest Pain
- } **Heart Failure**

C. Risk Factors (always ask about smoking and alcohol)

- I. Arrhythmia → **IHD, Family Hx, HF, Valvular heart disease, Rheumatic fever**

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history



- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → Digoxin, Salbutamol
- V. Allergy

F. Social history

- I. Smoking
- II. Alcohol
- III. Heavy coffee drinking
- IV. Marital status
- V. Occupation

4) Cough

(DDx: Asthma, GERD, COPD, Pneumonia, CA, TB, PE, RLD, HF, Atopy)

A. Chief Compliant analysis (SOCRATES) :

- I. **S**ite
- II. **O**nset (duration, sudden or gradual, progression, first time)
- III. **C**haracter
 - a) Dry → Asthma, RLD, GERD
 - b) With sputum (amount / color / smell) → COPD, Pneumonia (yellow or green)
 - c) With hemoptysis (Frank blood / blood stained) → Pneumonia / CA / TB / PE
- IV. **R**adiation
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- VI. **T**iming
 - a) Continuous or intermittent
 - b) Day or night :
 - Night → Asthma, GERD
 - Day (Morning) → COPD
 - c) Time of each episode
- VII. **E**xacerbating & Relieving factors



VIII. **Severity** → Is it so severe that it causes syncope or vomiting?

B. Associated symptoms

I. General

- a) Fever & chills → Pneumonia, TB
- b) Weight loss → CA, TB
- c) Fatigue
- d) Night sweating → TB

II. RS

- a) Pleuritic chest pain → Pneumonia, PE
- b) Wheeze → Asthma, COPD
- c) SOB → Asthma, COPD, PE, RLD, HF
- d) Nasal discharge → Atopy

III. CVS

- a) Orthopnea
 - b) PND
 - c) Ankle swelling
- } Heart Failure

IV. GI

- a) Heart burn or regurgitation → GERD

V. MSS

- a) Skin rash
 - b) Arthritis
 - c) Neck mass
- } RLD (sarcoidosis)

C. Risk Factors (always ask about smoking and alcohol)

- I. COPD → Smoking
- II. Asthma → Allergy, House ventilation
- III. TB → Previous TB, Contact with TB
- IV. PE → Previous DVT, Recent travel, Long surgery, OCP, Pregnancy, Immobility
- V. RLD → Exposure to asbestos or dust, Occupation
- VI. HF → Previous MI, HTN, DM, Smoking, Vulvular heart disease

D. Family history



- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → **ACE inhibitors**
- V. Allergy

F. Social history

- I. Smoking
- II. Alcohol
- III. Marital status
- IV. Occupation
- V. House Ventilation



5) Hemoptysis

(DDx: CA, TB, Bronchiectasis, PE)

A. Chief Complaint analysis (SOCRATES) :

- I. **S**ite
- II. **O**nset (duration, first time)
- III. **C**haracter
 - a) Amount of blood
 - b) Painful?
 - c) Fresh blood or streaked or stained with sputum?
- IV. **R**adiation
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- VI. **T**iming
 - a) Times per day
- VII. ~~**E**xacerbating & **R**elieving factors~~
- VIII. **S**everity

*IMPORTANT: ask if there is bleeding from other site, or any drug use

B. Associated symptoms

- I. General
 - a) Fever & chills → TB, Pneumonia
 - b) Weight loss → TB, CA
 - c) Night sweating → TB
 - d) Fatigue
 - II. CVS
 - a) SOB
 - b) Orthopnea
 - c) PND
 - d) Ankle swelling
 - e) Chest pain
- } Heart Failure

III. RS



- a) Cough and sputum
- b) SOB
- c) Chest pain

C. Risk Factors (always ask about smoking and alcohol)

- I. Bleeding disorder → **Bleeding from other site, Drugs {Anti-coagulants (Heparin or Warfarin) / NSAIDS (Aspirin) }**
- II. CA → **Age > 50, Male, Smoking, Family Hx**
- III. TB → **Hx of TB, Contact with TB**
- IV. Bronchiectasis → **Recurrent infections**
- V. PE → **Hx of DVT, Risk factors of DVT**

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → **Anti-coagulants (Heparin or Warfarin), NSAIDS (Aspirin)**
- V. Allergy
- VI. Trauma

F. Social history

- I. Smoking
- II. Alcohol
- III. Marital status / children
- IV. Occupation



6) Leg Swelling

(DDx: DVT, Cellulitis, HF, Liver cirrhosis, Renal failure, Trauma, Hypoproteinemia, Rheumatoid Arthritis, Hypothyroidism)

A. Chief Complaint analysis (SOCRATES) :

- I. **S**ite
 - a) Extent of swelling
 - b) Other site of swelling
- II. **O**nset (duration, sudden or gradual, progression, first time)
- III. **C**haracter (with)
 - a) Redness
 - b) Hotness
 - c) Tenderness
- ~~IV. **R**adiation~~
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- ~~VI. **T**iming~~
- VII. **E**xacerbating & Relieving factors
- VIII. **S**everity → loss of the limb function?

B. Associated symptoms

I. **Unilateral Swelling**

- a) DVT :
 - Limb → Redness, Hotness, Tenderness
 - PE Symptoms → Chest pain, SOB, Hemoptysis
 - Risk factors → recent travel, surgery, immobility, pregnancy, OCP, previous DVTs
- b) Cellulitis → Fever & Chills, Brown areas, Rapid progression, Ulcers
- c) Rheumatoid Arthritis → Morning stiffness, Joint Pain
- d) Trauma



II. Bilateral Swelling

- a) HF → Cough, Orthopnea, PND
- b) Liver cirrhosis → Bleeding tendency, Abdominal distention, Hx of HBV infection, spider nevi
- c) Renal failure → Frequency, Nocturia, Urine (color/smell/ amount)
- d) Hypoproteinemia → Nutrition, Malabsorption
- e) Hypothyroidism → Weight gain, Cold intolerance, Lethargy and Fatigue

C. Family history

- I. Same condition
- II. Chronic illness

D. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy
- VI. Trauma

E. Social history

- I. Smoking
- II. Alcohol
- III. Occupation

**Investigations:

1. Doppler U/S and D-dimer → DVT
2. Liver function test (LFT) → Liver cirrhosis
3. Kidney function test (KFT) → Renal failure
4. Thyroid function test (TFT) → Hypothyroidism
5. CBC → Cellulitis



7) Neck Mass

(DDx: Lymphadenopathy: (TB / Sarcoidosis / Lymphoma / Metastasis / URTI),

Thyroid enlargement: (Multinodular goiter / Grave's disease / Thyroid CA))

A. Chief Complaint analysis (SOCRATES) :

I. Site

- a) Central → Thyroid enlargement, Thyroglossal cyst
- b) Lateral → Lymphadenopathy, branchial cyst

II. Onset (duration, progression)

III. Character

- a) Consistency
- b) Tenderness
- c) Mobility
- d) Movement with swallowing
- e) Due to Trauma?

IV. ~~Radiation~~

V. Associated symptoms (finish the CC analysis then ask about them ↓)

VI. ~~Timing~~

VII. ~~Exacerbating & Relieving factors~~

VIII. ~~Severity~~

*IMPORTANT: ask if there is trauma or previous radiation exposure

B. Associated symptoms

I. Lymphadenopathy

- a) URTI → Fever & Chills, Sore throat, Cough, Nasal discharge
- b) TB → Fever, Hemoptysis, Night sweats, Weight loss
- c) Lymphoma or Leukemia → SOB, Fatigue, Bleeding tendency, Recurrent infections, Bone pain
- d) Sarcoidosis → SOB, Skin lesions, Joint pain, Uveitis

II. Thyroid

- a) Hyperthyroidism (Grave's disease, Toxic Multinodular goiter)
 - Due to mass effect → Breathing difficulty, Hoarseness of voice, Dysphagia, Chronic sore throat



- Due to ↑ TH → Fatigue, Sweating, Weight loss, Increased appetite, Headache, Restlessness, Palpitation, Diarrhea, Heat intolerance

b) Hypothyroidism (Hashimoto's thyroiditis, Iodine deficiency)

- Pallor, Jaundice, Cold intolerance, Brittle hair, Limb swelling, Slow speech, Hoarseness of voice, Decreased appetite, Weight gain, Constipation

C. Risk Factors (always ask about smoking and alcohol)

- I. TB → Hx of TB, Contact with TB
- II. Malignancy → Smoking, Alcohol, Previous exposure to Radiation
- III. Autoimmune thyroid diseases → Female, Hx of other autoimmune diseases

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy
- VI. Trauma

F. Social history

- I. Smoking
- II. Alcohol
- III. Occupation

**Investigations:

1. Biopsy
2. Thyroid function test (TFT)



8) Upper GI bleeding

(DDx: Mallory-Weiss tears, Esophageal varices (complication of cirrhosis), PUD complication)

A. Chief Complaint analysis (SOCRATES) :

- I. **S**ite
- II. **O**nset (duration, progression, first time)
- III. **C**haracter
 - a) Amount → Large and fresh → Esophageal varices
 - b) Color (fresh / clotted / coffee ground)
 - c) Smell
- IV. **R**adiation
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- VI. **T**iming
 - a) How many times?
 - b) Recurrent vomiting before bleeding?
- VII. **E**xacerbating & Relieving factors
- VIII. **S**everity

*IMPORTANT: ask if there is bleeding from other site, any drug use

B. Associated symptoms

- I. GI
 - a) Heartburn and regurgitation
 - b) Dyspepsia
 - c) Nausea & Vomiting
 - d) Abdominal Pain → Epigastric → PUD
 - e) Abdominal Distention
 - f) Jaundice / change in urine & stool color / itching → Cirrhosis
 - g) Diarrhea or constipation
 - h) Melena

C. Risk Factors (always ask about smoking and alcohol)



- I. Bleeding disorder → Bleeding from other site, Drugs {Anti-coagulants (Heparin or Warfarin) / NSAIDS (Aspirin) }
- II. PUD → Smoking, NSAIDS, Alcohol
- III. Cirrhosis → Alcohol, Blood transfusion, HBV infection, Easy bruising, Limb swelling
- IV. Mallory-Weiss → Binge drinking

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → Anti-coagulants (Heparin or Warfarin) / NSAIDS (Aspirin)
- V. Allergy

F. Social history

- I. Smoking + Alcohol

9) Epigastric pain

(DDx: PUD, GERD, Inferior wall MI, Hepatitis, Cholecystitis, Pancreatitis, Gastritis)

A. Chief Compliant analysis (SOCRATES) :

- I. **S**ite
- II. **O**nset (duration, sudden or gradual, progression, first time)
- III. **C**haracter
- IV. **R**adiation
 - a) RUQ & scapula → Cholecystitis
 - b) Back → Pancreatitis
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- VI. **T**iming
 - a) Continuous or intermittent
 - b) Time of each episode
- VII. **E**xacerbating & Relieving factors
 - Exacerbating:



a) Food → Gastric ulcer, Cholecystitis

b) Position & Movement

- Relieving:

a) Food → Duodenal ulcer

b) Position & Movement (leaning forward) → Pancreatitis

VIII. Severity

B. Associated symptoms

I. General

a) Fever

b) Weight loss

c) Loss of appetite

II. GI

a) Heartburn & regurgitation → GERD

b) Dysphagia

c) Dyspepsia → PUD

d) Nausea & Vomiting → bloody → PUD

e) Abdominal Distention

f) Jaundice / change in urine or stool color / itching → Hepatitis

g) Diarrhea or Constipation

h) Melena

III. CVS

a) Chest pain

b) SOB

c) Sweating

} MI

C. Risk Factors (always ask about smoking and alcohol)

I. PUD → Smoking, NSAIDS, Alcohol

II. Hepatitis → Alcohol, blood Transfusion, HBV infection, DM, contact with patient having Hepatitis

III. MI → Smoking, HTN, DM, Hyperlipidemia, Family Hx

IV. Cholecystitis → Family Hx of gall bladder stones

D. Family history

I. Same condition

II. Chronic illness



E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy
- VI. Trauma

F. Social history

- I. Smoking
- II. Alcohol
- III. Marital status
- IV. Occupation

**Investigations:

1. PUD → Upper GI endoscope

10) Abdominal Distension

(DDx: Fluid (HF/RF/Liver Cirrhosis/Protein losing enteropathy/Malnutrition/Overhydration), flatus or feces (constipation/obstruction), fetus, fat) {The 5 F's}

A. Chief Complaint analysis (SOCRATES) :

- I. **S**ite
- II. **O**nset (duration, progression, first time)
- III. **C**haracter
 - a) Painful?
 - b) Swelling on other site?
- IV. **R**adiation
- V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)
- VI. **T**iming
- VII. **E**xacerbating & Relieving factors
- VIII. **S**everity

B. Associated symptoms



I. CVS

- a) SOB
- b) Orthopnea
- c) PND
- d) Ankle swelling
- e) Palpitations

} Heart Failure

II. GI

- a) Nausea & Vomiting → Intestinal Obstruction, Cirrhosis, RF
- b) UGI bleeding → Cirrhosis (↑ Bleeding tendency)
- c) Diarrhea → RF
- d) Constipation
- e) Jaundice → Cirrhosis

III. UGS

- a) Renal Pain
- b) Urine (amount/color/frequency)
- c) Edema around the eyes

} Renal Failure

C. Risk Factors (always ask about smoking and alcohol)

- I. HF → Previous MI, HTN, DM, Smoking, Vulvular heart disease
- II. Cirrhosis → Alcohol, Hx of hepatitis, Hx of blood Transfusion
- III. RF → DM, Polycystic kidney disease, HTN

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → Steroids, IV Fluids
- V. Allergy
- VI. Blood Transfusion

F. Social history

- I. Smoking
- II. Alcohol
- III. Marital status
- IV. Occupation



****Investigations:**

1. Abdominal X-Ray
2. Abdominal CT scan

11) Jaundice

(DDx: Hemolytic anemia, Hepatitis, Cirrhosis, Obstructive Jaundice)

A. Chief Complaint analysis (SOCRATES) :

I. **S**ite

- a) Eyes
- b) Skin

II. **O**nset (duration, sudden or gradual, progression, first time)

III. **C**haracter

- a) With Itching
- b) with change in urine & stool color (dark urine + pale stool → Obstructive Jaundice)

~~IV. **R**adiation~~

V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)

~~VI. **T**iming~~

~~VII. **E**xacerbating & Relieving factors~~

~~VIII. **S**everity~~

B. Associated symptoms

- I. Anemia → Fatigue, Dizziness, Pallor, SOB, Chest pain, Cold hand and feet
- II. Hepatitis → Fever, RUQ pain, Nausea & Vomiting
- III. Cirrhosis → Ascites, Limb swelling, Bleeding tendency
- IV. Obstructive Jaundice → Fever, RUQ pain, Dark urine and pale stool

C. Risk Factors (always ask about smoking and alcohol)

- I. Anemia → Family Hx of blood diseases (Thalassemia / G6PD)
- II. Hepatitis → Family member with Jaundice, Hx of blood Transfusion
- III. Cirrhosis → Alcohol, Hx of hepatitis
- IV. Obstructive Jaundice → Family Hx of gallstones, Hx of cholecystitis



D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → INH, Rifampicin, Methotrexate
- V. Allergy
- VI. Trauma

F. Social history

- I. Smoking
- II. Alcohol
- III. Marital status
- IV. Occupation

**Investigations:

1. Serum bilirubin
2. ALT/AST → Acute Hepatitis
3. ALP/GGT → Biliary disease
4. PT/albumin → Cirrhosis
5. CBC/retics → Hemolytic anemia
6. U/S , CT , ERCP → stones, masses, strictures



12) Diarrhea

(DDx: Gastroenteritis, Bacillary dysentery or Ameba, IBD, Colon CA, PUD, IBS, Celiac disease)

A. Chief Complaint analysis (SOCRATES) :

I. **S**ite

II. **O**nset (duration)

III. **C**haracter

a) Consistency:

- Normal
- Watery → IBD (Crohn's)
- Loose → Ameba

b) Color (fatty /pale)

c) Volume:

- Small → IBD (Ulcerative Colitis)
- Large → Ameba

d) Smell

e) With Blood:

- Fresh → Ameba, IBD (Ulcerative Colitis)
- Clotted
- Black tarry → PUD

f) With pain and straining

IV. **R**adiation

V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)

VI. **T**iming

- a) Times per day
- b) Specific time

VII. **E**xacerbating & Relieving factors

- Exacerbating:

a) Food

- Relieving:

- a) Defecation
- b) Drugs

VIII. **S**everity



B. Associated symptoms

V. General

- a) Fever & chills → Gastroenteritis
- b) Weight loss → Colon CA, Celiac disease, Crohn's disease
- c) Fatigue and dizziness → Colon CA, Celiac disease

VI. GI

- a) Mouth ulcers → IBD, Celiac Disease
- b) Nausea & Vomiting → GE, PUD (if bloody vomit)
- c) Abdominal pain → GE, IBD (Crohn's), Celiac disease, CA
- d) Abdominal distention → IBS
- e) Alternating constipation → IBS

VII. MSS

- a) Skin rash
 - b) Joint Pain
 - c) Eye Symptoms
- } IBD

VIII. Dehydration Symptoms

- a) Dry mucous membranes
- b) Headache
- c) Fatigue
- d) Dizziness

C. Risk Factors (always ask about smoking and alcohol)

- I. GE → Eating anything spoiled
- II. Bacillary dysentery / ameba → Recent travel to endemic area
- III. IBD → Family hx
- IV. Colon CA → Low fiber diet, family hx
- V. Celiac → Family hx, hx of allergy

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → Antibiotics, NSAID, Laxatives
- V. Allergy

F. Social history



- I. Smoking
- II. Alcohol

**Investigations:

1. Stool Culture → Infectious Colitis
2. Endoscope → Colon CA, IBD, Celiac disease

13) Constipation

(DDx: IBD, IBS, Colon CA, Hypothyroidism, DM, Intestinal obstruction, Hemorrhoid, Perianal fissure)

A. Chief Complaint analysis (**SOCRATES**) :

I. **S**ite

II. **O**nset (duration, sudden or gradual)

III. **C**haracter

- a) Consistency (hard/soft/watery)
- b) Color (fatty /pale)
- c) Volume (small/large)
- d) Smell
- e) With mucous
- f) With Blood → Hemorrhoid, Perianal fissure, Colon CA
- g) With Pain → Hemorrhoid, Perianal fissure

IV. **R**adiation

V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)

VI. **T**iming

- a) Times per day
- b) Specific time

VII. **E**xacerbating & Relieving factors

- Exacerbating:
 - a) Food
 - b) Drugs
- Relieving:
 - a) Drugs

VIII. **S**everity

B. Associated symptoms

I. General



- a) Weight
 - Loss → Colon CA, IBD (Crohn's disease), DM
 - Gain → Hypothyroidism
- b) Fatigue → Colon CA, Hypothyroidism
- c) Anorexia → Colon CA
- d) Cold intolerance → Hypothyroidism
- e) Polyuria, Polydipsia, Polyphagia → DM

II. GI

- a) Mouth ulcers → IBD
- b) Nausea & Vomiting → Intestinal obstruction
- c) Abdominal pain → IBD (Crohn's), Intestinal obstruction
- d) Abdominal distention → IBS, Intestinal obstruction
- e) Alternating diarrhea → IBS
- f) Anal pain or itching → Hemorrhoid, Perianal fissure

III. MSS

- a) Skin rash
 - b) Joint Pain
 - c) Eye Symptoms
- } IBD

C. Risk Factors (always ask about smoking and alcohol)

- I. IBD → Family hx
- II. Colon CA → Low fiber diet, family hx
- III. Intestinal obstruction (Adhesions) → Previous surgeries

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy

F. Social history

- I. Smoking
- II. Alcohol



****Investigations:**

1. Endoscope → IBD, Colon CA
2. Rectoscope → Hemorrhoid
3. Blood Sugar → DM
4. Thyroid Function Test (TFT) → Hypothyroidism

14) Fatigue with low Hb

(DDx: Nutritional Anemia (Iron or B12 deficiency), Bleeding disorders, Hemolytic anemia)

A. Chief Complaint analysis (SOCRATES) :

I. ~~Site~~

II. ~~O~~nsset (duration, sudden or gradual, progression, first time)

III. ~~C~~haracter

IV. ~~R~~adiation

V. ~~A~~ssociated symptoms (finish the CC analysis then ask about them ↓)

VI. ~~T~~iming

e) Continuous or intermittent

f) Day or night

g) At exertion or at rest

~~VII. Exacerbating & Relieving factors~~

~~VIII. Severity~~

B. Associated symptoms

I. CVS

a) Palpitation

b) SOB

c) Orthopnea

d) PND

e) Ankle swelling

II. Other



- a) Bleeding disorders → Hematemesis, Melina, Bleeding per rectum, Hematuria, Menorrhagia, Epistaxis, Gum Bleeding, bruises, Petechiae, Ecchymosis
- b) Hemolytic anemia → Dark Urine, Pallor, Jaundice, Pale stool

C. Risk Factors (always ask about smoking and alcohol)

- I. Nutritional Anemia → Diet
- II. Bleeding disorders → Bleeding from other site, Drugs {Anti-coagulants (Heparin or Warfarin) / NSAIDS (Aspirin) }
- III. Hemolytic Anemia → G6PD deficiency, Family Hx

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, hyperlipidemia)
- IV. Drugs
- V. Allergy

F. Social history

- I. Smoking
- II. Alcohol



15) Bleeding

(DDx: ITP, TTP, HUS, DIC, Leukemia, Lymphoma, Renal Failure, Liver Failure, Malabsorption, Hemophilia)

A. Chief Complaint analysis (SOCRATES) :

I. Site

- a) From Mucous Membranes
- b) Under the skin
- c) Inside joints

II. Onset (duration, sudden or gradual, progression, first time)

III. Character (of rash if the bleeding is under the skin)

- a) Type (Petechiae/Purpura/Ecchymosis)
- b) Color
- c) Size
- d) Shape
- e) Site
- f) Itching
- g) Pain
- h) Blanchable or not

IV. Radiation

V. Associated symptoms (finish the CC analysis then ask about them ↓)

VI. Timing

- a) Continuous or intermittent
- b) Time of each episode of bleeding

~~VII. Exacerbating & Relieving factors~~

~~VIII. Severity~~

B. Associated symptoms

- I. ITP → Bleeding from mucous membranes
- II. TTP → Fever, Microangiopathic hemolytic anemia, Renal failure, Neurological manifestations
- III. HUS → Same as TTP but without Fever or Neurological manifestations
- IV. Leukemia → Fatigue, Weight loss, Anorexia, Recurrent infections

C. Family history



- I. Same condition
- II. Chronic illness

D. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, hyperlipidemia)
- IV. Drugs
- V. Allergy

E. Social history

- I. Smoking
- II. Alcohol

16) Joint Pain

(DDx: RA, SLE, Scleroderma, Inflammatory myopathy, Spondyloarthropathies, Gout, Enteropathic Arthritis, Septic arthritis, FMF, Behcet's disease)

A. Chief Complaint analysis (SOCRATES) :

I. Site

a) Which joints?

- Small → RA
- Large → Septic arthritis

b) How many joints affected?

- One → Gout (1st MTP joint), FMF
- Multiple → RA, SLE

c) Symmetrical joint involvement?

- Yes → RA
- No → Ankylosing spondylitis (Spondyloarthropathy)

II. Onset (duration, sudden or gradual, progression, first time)

III. Character

- a) Migratory → RA
- b) Redness
- c) Swelling
- d) Joint deformities → RA

IV. Radiation

V. Associated symptoms (finish the CC analysis then ask about them ↓)



VI. **T**iming

- a) Continuous or intermittent
- b) Day or Night → Night: **Gout**
- c) Morning Stiffness → **RA, Ankylosing spondylitis**

VII. **E**xacerbating & Relieving factors

- Exacerbating:
 - a) Movement
 - b) Cold weather → **RA**

- Relieving:
 - a) Rest
 - b) Movement → **Ankylosing spondylitis**
 - c) Drugs

VIII. **S**everity → affect movement and daily activities?

B. Associated symptoms

I. General

- a) Fever → **FMF, Septic Arthritis**
- b) Weight loss
- c) Anorexia
- d) Fatigue

II. MSS

- a) Skin rash → **SLE, Dermatomyositis (Inflammatory myopathy)**
- b) Skin Nodules → **RA**
- c) Muscle weakness → **Polymyositis (Inflammatory myopathy)**
- d) Skin thickening → **Scleroderma**
- e) Back pain → **Ankylosing spondylitis**

III. CVS

- a) Chest pain → **SLE, FMF**
- b) SOB

IV. RS

- a) Cough
- b) Hemoptysis

V. UGS

- a) Hematuria
- b) Flank Pain



c) Genital Ulcers → Behcet's disease

VI. GI

- a) Mouth Ulcers → Behcet's disease, SLE
- b) Dysphagia → Scleroderma
- c) Vomiting
- d) Abdominal pain → FMF, Enteropathic Arthritis
- e) Diarrhea or Constipation

VII. Eye Symptoms → Ankylosing spondylitis, Behcet's disease

C. Disease Characteristics

- I. RA → Female, Age > 40, Small joints with swelling, Symmetrical, Deformities, Rheumatoid nodules
- II. SLE → Malar rash, Discoid rash, Photosensitivity, Serositis (pleura+ peritoneum), Renal involvement, Oral ulcers, Neurologic involvement, Hematologic involvement
- III. Scleroderma → Thickening of skin, Raynaud phenomenon, Esophageal deformities, Renal Failure, CREST syndrome, Lung fibrosis
- IV. Inflammatory Myopathy → Polymyositis : proximal muscle weakness, difficulty swallowing, arthralgia, myalgia Dermatomyositis : same but with skin rash
- V. Ankylosing spondylitis → Lower back joints, Morning stiffness, Asymmetrical involvement, uveitis
- VI. Gout → Mono arthritis, first MTP joint, comes at night, with redness, hotness, swelling, pain goes after 3- 4 weeks
- VII. Septic Arthritis → after infection
- VIII. FMF → Fever, Abdominal pain, Mono arthritis, Chest pain
- IX. Behcet's disease → Oral and genital ulcers, Erythema nodosum, Uveitis

D. Family history

- I. Same condition
- II. Chronic illness



E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy
- VI. Trauma

F. Social history

- I. Smoking
- II. Alcohol
- III. Marital status
- IV. Occupation

****Investigations:**

1. RA → RF/anti-CCP/ESR
2. SLE → ANA/anti-smith AB/ant-ds DNA AB
3. Scleroderma → ANA/anti-centromere AB
4. Inflammatory myopathies → creatinine phosphokinase/aldose
5. Gout → synovial fluid analysis (urate crystals)



17) Red Urine

(DDx: Bloody (Hematuria): (Kidney Stones / Pyelonephritis / Renal CA Transitional cell CA/ Polycystic kidney disease / Prostate enlargement /Nephritic syndrome),

Dark brown: (Obstructive Jaundice due to gallstones or CA / Hemolytic anemia / Rhabdomyolysis ,Drugs, Dyes)

A. Chief Compliant analysis (SOCRATES) :

I. ~~Site~~

II. **O**nset (duration, sudden or gradual, progression, first time)

III. **C**haracter

a) Color

- Red → Blood, Dyes, Drugs
- Dark brown → Hemolytic anemia

b) Part of stream

- Initial → Urethritis
- Total → Polycystic kidney disease, Nephritic syndrome, Pyelonephritis, Renal CA
- Terminal → Prostate enlargement

c) Clots → indicates severity

d) Smell

- Foul → UTI

e) Amount

f) With Pain

- Yes → Pyelonephritis
- No → Malignancy

IV. ~~Radiation~~

V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)

VI. **T**iming

- a) Continuous or intermittent
- b) Times per day

VII. ~~Exacerbating & Relieving factors~~

VIII. ~~Severity~~

*IMPORTANT: ask if there is bleeding from other site, any drug use, or dyes



B. Associated symptoms

I. General

- a) Fever & Chills → Pyelonephritis
- b) Weight loss → Malignancy

II. UGS

- a) Flank pain → Kidney Stones
 - b) Dysuria → Urethritis
 - c) Frequency
 - d) Urgency
 - e) Nocturia
 - f) Straining
 - g) Poor stream
- } Benign Prostatic Hyperplasia

III. GI

- a) Nausea & Vomiting → Pyelonephritis, Obstructive Jaundice
 - b) Abdominal pain
 - c) Jaundice
 - d) Pale stool
- } Obstructive Jaundice (due to gallstones)

IV. CVS

- a) Chest pain → Nephritic syndrome secondary to SLE
- b) Palpitations → Pyelonephritis
- c) Ankle edema → Nephritic syndrome

V. MSS

- a) Skin rash (malar rash)
 - b) Joint Pain
 - c) Raynaud phenomena
 - d) Muscle pain or trauma → Rhabdomyolysis
- } SLE

C. Risk Factors (always ask about smoking and alcohol)

- I. Kidney Stones → Family Hx of stones, Diet



- II. Hemolytic Anemia → G6PD deficiency, Family Hx
- III. Nephritic Syndrome (due to PSGN) → Sore throat in the last 10 days
- IV. Rhabdomyolysis → Strenuous exercise
- V. Food → Dyes, Beetroot
- VI. Malignancy → Age > 50

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs → Rifampicin, Cyclophosphamide, Aspirin, Anticoagulants
- V. Allergy
- VI. Trauma

F. Social history

- I. Smoking
- II. Alcohol
- III. Occupation

**Investigations:

1. CBC with reticulocytes → Hemolytic Anemia
2. U/S & X-Ray → Stones
3. Cystoscopy → Malignancy



18) Weight Change

(DDx: Loss: Malabsorption syndromes, Hyperthyroidism, DM, Malignancy, Addison's disease, IBD, PUD

Gain: Hypothyroidism, Cushing syndrome, Binge eating disorder)

A. Chief Complaint analysis (SOCRATES) :

I. **S**ite

II. **O**nset (duration)

III. **C**haracter

- a) How many Kg?
- b) Your current weight
- c) Last time you weigh yourself / How much?

IV. **R**adiation

V. **A**ssociated symptoms (finish the CC analysis then ask about them ↓)

VI. **T**iming

VII. **E**xacerbating & Relieving factors

VIII. **S**everity

*IMPORTANT: ask if it's intentional or not? , How is appetite? How is diet? , is there any problem that prevents eating (teeth pain/odynophagia)?

B. Associated symptoms

- I. Malabsorption → Abdominal pain, Abdominal distention, Diarrhea, Anemia (pallor/fatigue/SOB), Dry skin
- II. Hyperthyroidism → Sweating, Heat intolerance, Diarrhea, Palpitation, Increased Appetite, Tremors
- III. DM → Polyuria, Polydipsia, Polyphagia
- IV. Malignancy → Fever, Night sweating
- V. Addison's disease → Hyperpigmentation, Postural hypotension, Fatigue, Changes in hair distribution



- VI. IBD → Lower abdominal pain, Nausea & Vomiting, Constipation, Diarrhea, Flatus, Loss of appetite
- VII. PUD → Epigastric pain related to food, Bloating, Melena, Upper GI bleeding
- VIII. Hypothyroidism → Decreased appetite, Constipation, Cold intolerance, Hair loss
- IX. Cushing syndrome → Moon face, Abdominal striae, Buffalo hump, Skin thinning, Amenorrhea

C. Family history

- I. Same condition
- II. Chronic illness

D. Past medical history

- I. Previous attacks
- II. Surgeries or admission
- III. Chronic illnesses (DM, HTN, Hyperlipidemia)
- IV. Drugs
- V. Allergy

E. Social history

- I. Smoking
- II. Alcohol

**Investigations:

1. Malabsorption → Lower GI endoscopy
2. Hyperthyroidism/Hypothyroidism → TFT
3. DM → Fasting blood glucose level, OGTT
4. Addison's disease → ACTH stimulation test
5. PUD → Upper GI endoscopy
6. Cushing → 24-h urine cortisol, low-dose dexamethasone test

19) Follow up DM

A. Analysis



- I. Onset → How long do you have DM?
- II. Character → Is your blood sugar controlled? / Do you measure it regularly? / How much is the reading?
- III. Drugs → on insulin or oral hypoglycemic drugs? / any drug complications?
- IV. Exercise and diet
- V. Obesity and BMI
- VI. Polyphagia or Polydipsia?
- VII. Lab results (if the patient is educated)

B. Complications

- I. Retinopathy → Decreased or loss of vision
- II. Nephropathy → Polyuria, Anuria, Frothy urine, Uremia (Nausea & Vomiting / Abdominal pain)
- III. Neuropathy → Paresthesia of limbs, Urinary incontinence
- IV. Atherosclerosis → MI (Chest pain / SOB), CVA (Headache / Paralysis), PVD (Foot ulcers / Intermittent claudication), Hx of MI or CVA
- V. Hypoglycemia → Hunger, Tremor, Palpitation, Sweating, Pallor, Irritability, Confusion, Seizures
- VI. DKA → Nausea & Vomiting, Polyuria, Polydipsia, Anorexia, Kussmaul breathing, Tachycardia, Dehydration
- VII. Other → Hair loss, Easy bruising, Delayed wound healing, Sexual dysfunction

C. Family history

- I. Same condition
- II. Chronic illness

D. Past medical history

- I. Surgeries or admission
- II. Chronic illnesses (DM, HTN, Hyperlipidemia)
- III. Drugs
- IV. Allergy

E. Social history

- I. Smoking
- II. Alcohol



20) Follow up IBD

A. Analysis

- I. Onset → How long do you have the disease? / what was the first symptom?

- II. Character → Is it controlled? / how many attacks until now?
- III. Drugs → what drugs do you take? / Compliance? / any drug complications?

B. Current Symptoms

- I. General
 - a) Weight loss
 - b) Fever
 - c) Fatigue
 - d) Anorexia

- II. GI
 - a) Mouth ulcers
 - b) Abdominal pain (analysis page)
 - c) Diarrhea (analysis page)
 - Watery → Crohn's disease
 - Bloody → Ulcerative colitis
 - d) Rectal Bleeding

- III. MSS
 - a) Skin Rash
 - b) Joint Pain
 - c) Eye Symptoms



C. Complications

□ Crohn's Disease

- I. Intestinal Obstruction → change in bowel habit, constipation, tenesmus
- II. Anal fistulas → anal or perianal discharge , pruritus
- III. Enterovesical fistulas → dysuria, recurrent bladder infections
- IV. Enterovaginal fistulas → dyspareunia , feculent vaginal discharge
- V. Anemia and malnutrition → fatigue, pallor, dyspnea, tachycardia , easy bruising

□ Ulcerative Colitis

- I. Toxic megacolon → severe diarrhea, cramps, fever, abdominal distention
- II. Perforation → Severe abdominal pain, Abdominal distension, Fever, Nausea & Vomiting
- III. Colon CA
- IV. Primary sclerosing cholangitis → jaundice, symptoms of liver failure (upper GI bleeding, ascites, encephalopathy)

D. Family history

- I. Same condition
- II. Chronic illness

E. Past medical history

- I. Surgeries or admission
- II. Chronic illnesses (DM, HTN, hyperlipidemia)
- III. Drugs
- IV. Blood transfusion
- V. Allergy

F. Social history

- I. Smoking
- II. Alcohol



Systemic Review

I. General

- a) Fever
- b) Fatigue
- c) Weight Loss
- d) Anorexia
- e) Sweating

II. CVS

- a) Chest Pain
- b) SOB
- c) Orthopnea
- d) PND
- e) Palpitations
- f) Syncope attack
- g) Ankle Swelling
- h) Intermittent Claudication

III. RS

□ Upper

- a) Sneezing
- b) Nasal Discharge
- c) Nasal obstruction
- d) Epistaxis
- e) Sore throat
- f) Hoarseness of voice
- g) Stridor

□ Lower

- a) Chest Pain
- b) SOB
- c) Cough
- d) Sputum
- e) Wheezing
- f) Hemoptysis



IV. GI

- a) Mouth ulcers
- b) Dysphagia / Odynophagia
- c) Heart burn
- d) Nausea & Vomiting
- e) Abdominal Pain
- f) Abdominal Distension
- g) Change in Bowel habits (Diarrhea / Constipation)
- h) Change in stool color
- i) GI bleeding (Hematemesis / Hematochezia / Melena)

V. UGS

Urology

- Pain
 - a) Dysuria
 - b) Flank Pain
 - c) Supra-pubic Pain
- Urine
 - a) Color
 - b) Amount
 - c) Smell
 - d) Any Blood
- Lower Urinary Tract Symptoms (LUTS)
 - a) Frequency
 - b) Urgency
 - c) Nocturia
 - d) Straining
 - e) Poor stream
 - f) Intermittency
 - g) Incontinence



- Male tract
 - a) Erectile Dysfunction
 - b) Urethral Discharge
 - c) Ejaculation Problem

- Female Tract
 - a) Age of menarche and menopause
 - b) Regularity and amount of menstruation
 - c) Number of births and abortions
 - d) Vaginal discharge or pruritus

VI. MSS

- a) Skin Rash
- b) Joint Pain or Swelling
- c) Muscle Pain

VII. CNS

- a) Loss of consciousness
- b) Headache
- c) Sleep disturbances

VIII. ES

- a) Cold or heat intolerance
- b) Excessive sweating

IX. HLS

- a) Symptoms of anemia (Pallor/Fatigue/SOB/Palpitations)
- b) Recurrent fevers
- c) Increased Bleeding tendency





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