

HISTORY OF PRESENT ILLNESS

RESPIRATORY

Onset?
Provocation?
Quality?
Radiation?
Severity?
Time?
Interventions?

CARDIAC

Onset?
Provocation?
Quality?
Radiation?
Severity?
Time?
Interventions?

AMS (altered mental status)

Description of the episode?
Onset?
Duration?
Associated Symptoms?
Evidence of Trauma?
Seizures?
Fever?
Interventions?

ALLERGIC REACTIONS

History of Allergies?
What were you exposed to?
How were you exposed?
Effects?
Progressions?
Interventions?

POISONING/OVERDOSE

Substance?
When did you ingest/become exposed?
How much did you ingest?
Over what time period?
Estimated weight?
Interventions?

ENVIRONMENTAL EMERGENCIES

Source?
Environment?
Duration?
Loss of consciousness?
Effects of general or local?
Interventions?

OBSTETRICS

Are you pregnant?
How long have been pregnant?
Pain or contractions?
Bleeding or discharge?
Do you feel the need to push?
Interventions?

BEHAVIORAL

How do you feel?
Determine Suicidal tendencies.
Is the PT a threat to themselves or others?
Is there a medical problem?
Interventions?