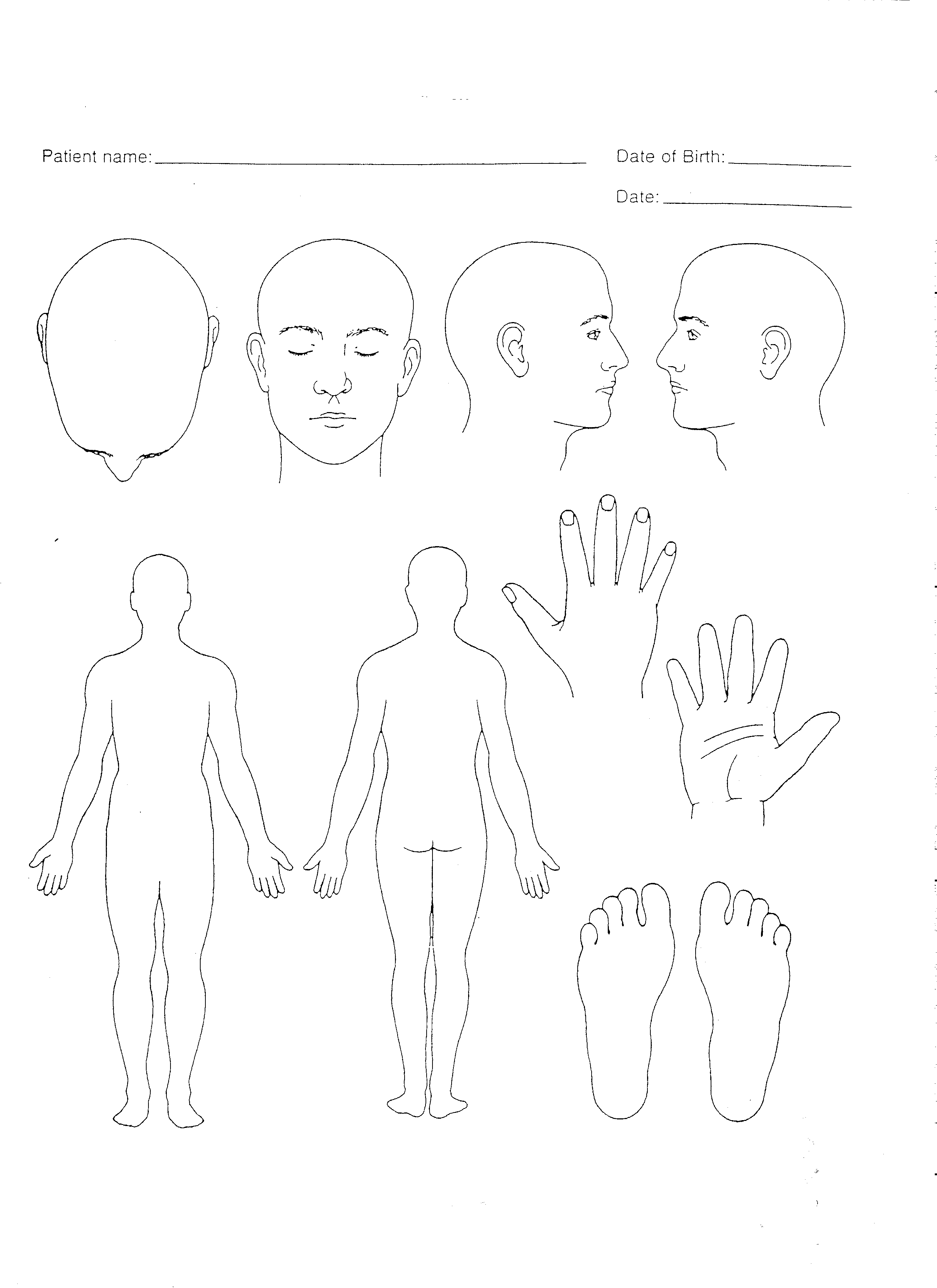
Injury assessment record form

**ILLNESS ASSESSMENT FORM**

Date/time……………..

Name…………………………………………………Age…………..Occupation…………...…….

History of presenting complaint (in the patient’s own words)

……………………………………………………………………………………………………………

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

………………………………………………………………...

If the patient reports being in pain use the acronym SOCRATES to assess the pain:

* **S**ite - Where is the pain? Or the maximal site of the pain.
* **O**nset - When did the pain start, and was it sudden or gradual? Include also whether if it is progressive or regressive.
* **C**haracter - What is the pain like? An ache? Stabbing?
* **R**adiation - Does the pain radiate anywhere?
* **A**ssociations - Any other signs or symptoms associated with the pain?
* **T**ime course - Does the pain follow any pattern?
* **E**xacerbating/Relieving factors - Does anything change the pain?
* **S**everity - How bad is the pain? Score 0-3

Pain notes …………………………………………………………………………………………………………………………………………………………………………………………………………………………

Past Medical History (serious accidents/illnesses, operations, high blood pressure, heart disease, diabetes, asthma, epilepsy)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

Drugs (oral contraceptives, inhalers, creams, patches)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

Allergies ..………………………………………………………………………………………

Family History (any significant illnesses in the family, causes of premature death, high blood pressure, heart disease, diabetes)

…………………………………………………………………………………………………………………………………………………………………………………………………………………………

Social History (Tobacco, alcohol, recreational drugs, foreign travel and immunisations)

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

Direct questions:

Cardiovascular

Chest pain 

Short of breath 

Palpitations 

Ankle swelling 

Respiratory

Cough 

Wheeze 

Sputum 

Gastro-intestinal

Appetite 

Weight 

Nausea/vomiting 

Indigestion 

Abdominal pain 

Bowels

Urino-genital

Dysuria 

Frequency 

Loin pain 

Discharge 

LMP…………………….

Nervous system

Headache 

Eyes/ears 

Weakness/numbness 

Fits/faints 

Examination

General Comments: (unwell, skin colour, sweating, dehydration)

……………………………………………………………………………………………………………

Temperature………………………….ºC

Pulse ………………………………./min

Blood pressure……………./……………

Chest

Laboured breathing 

Respiratory rate ……………/min

Symmetry of chest movements 

Breath sounds (wheezes, crackles, absent) …………………………………..

Abdomen

Distended 

Bowel sounds 

Tenderness (use diagram)

Nervous System

Level of response

Alert 

Verbal 

Pain 

Unresponsive 

Pupils

Equal 

React to light 

Limbs

Movements R ARM  L ARM 

R LEG  L LEG 

Sensation R ARM  L ARM 

R LEG  L LEG 

Possible diagnosis ……………………………………………………………

