

NAME _____

DATE _____

REFERRING M.D. _____

HPI

CC - What specific symptom or problem brings you to see me today? When did it start?

Where exactly do you feel this symptom?

Describe the quality of your symptom(s) (e.g., sharp, burning, aching)

How severe is it? (how hard it is to endure)

How long does it last?

How often does it occur?

Does it tend to come at any time of day?

Are you doing any activity in particular when you feel your symptoms?

Did any activity or situation bring on your symptoms?

Is there anything that makes it better or makes it worse?

Have you taken any OTC medications for this?

Are there any other associated symptoms or problems that might be connected with the main symptom?