Begin with open ended questions, but supplement with these specific questions if the patient does not mention them.

Remember to ask only one thing and get an answer before moving on to another question.

Skin

Is any area of your skin dry and/or itchy?

Do you have any rashes, bumps, or sores anywhere?

Do you bruise easily?

Do you have any moles that have changed in shape, color, or size?

Have you noticed any changes in your hair?

Have you noticed any changes in your nails?

Head

Have you been dizzy?

Have you fainted or passed out recently?

Do you have headaches?

Where do you feel the pain?

Are your headaches more frequent that usual?

Have you ever had a head injury?

Eyes

Have you had any problems with your eyes lately (blurry vision, pain, watery eyes, redness, itching)?

How is your vision?

Do you wear glasses?

Do you wear contact lenses?

Ears

Have you had any problems with your ears (ringing, pain, hearing problems)?

Have you ever had an ear infection?

Have you ever had tubes placed in your ears?

Nose

Have you had any problems with your nose (nosebleeds, change in mucous, frequent sneezing)?

Do you have a stuffy nose?

Do you have a runny nose?

Mouth and Throat

Have you had any sore throats recently?

Have you had any sores in your mouth recently?

Have you had any trouble with your teeth or gums (pain, bleeding, loose teeth)?

Have you experienced any hoarseness recently?

Neck

Have you noticed any new lumps or bumps in your neck?

Do you feel any stiffness in your neck?

Do you feel any pain in your neck?

Do you feel pain when you move your neck in any direction?

Chest/Respiratory

Do you have any trouble catching your breath? /Do you feel short of breath?

Do you have trouble breathing after walking a short distance?

How far can you walk before you need to stop?

Do you have a cough?

Are you coughing anything up? If so, what does it look like?

Cardiovascular

Do you ever have chest pains? (If yes, ask about the nature of the chest pains. Then ask about associated symptoms)

Do you ever feel like your heart is racing?

Do you ever feel like your heart is skipping beats?

Do you feel shortness of breath when you are at rest? How about with small amounts of exertion?

Can you lay flat in bed, or does that make you short of breath?

How many pillows do you need to breathe comfortably?

Do you ever wake up at night short of breath?

Have you ever been told that you have a heart murmur?

Have you ever had Rheumatic fever?

Vascular

Do you have any pain in your legs or hips when you walk?

Does the pain get worse the farther you walk?

Do you have any hair loss or sores that won’t heal on your legs?

Do your legs swell?

Do you have veins that stick out or bother you?

Breasts

Have you noticed any lumps in your breasts?

Have you noticed any pain or tenderness in your breasts?

Have you noticed any discharge from your nipples?

Have you noticed any areas of color changes on your breasts?

Have you ever had a mammogram? (usually asked to patients over 40)

When was your last mammogram?

Gastrointestinal

Have you had any problems with your stomach lately (nausea, vomiting, diarrhea, pain, or constipation)?

Have you had any heartburn?

Tell me about your bowel habits. Have they changed recently?

Have you noticed blood or black colored stools?

Do you use antacids?

Do you use laxatives?

Have you ever had gallstones?

Have you ever had hepatitis?

Genitourinary

Have you had any changes in the number of times you go to the bathroom in a day?

Do you have to get up at night to go to the bathroom?

Do you feel like you need to go but when you get there you can’t?

Do you feel any pain when you urinate?

Have you noticed any blood in your urine?

Do you have any pain in your lower back or sides?

Musculoskeletal

Have you had any recent muscle cramps?

What about muscle weakness?

How about any muscle stiffness?

Has there been a change in how far or how much you can move your arms, legs, fingers, or toes?

What about pain or stiffness in your knees, hands, back, or hips?

Neurologic/Psychological

Have you noticed any new tingling or numbness in your fingers, toes, arms or legs?

Have you had any unusual memory loss?

Have you had any dizziness or loss of balance?

Do you feel like you are steady on your feet when you walk?

Have you had any falls?

Have you had mood changes?

Do you feel down or depressed?

Have you lost interest or pleasure in doing things?

Do you ever see things or hear things other people can’t? (do not routinely ask this question, only ask patients in whom this is a concern)

Male/Female Genitalia (to be used when pertinent to the chief complaint)

Have you had any sexual problems?

Have you experienced any loss of sex drive?

Do you feel pain with sex?

Do you have any itching, rash, or discharge?

Do you have any lesions or sores?

Do you have any hernias?

(female patients only)

Do you have menstrual periods?

When was your last menstrual period?

When was your last Pap smear?