ZHEJIANG UNIVERSITY SCHOOL OF MEDICINE



CLINICAL MEDICINE MEDICAL HISTORY WRITING BOOK

| Student ID No.: | |
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| Name: | |
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ZHEJIANG UNIVERSITY SCHOOL OF MEDICINE
2020 Print

Instructions of Medical History Writing

- 1. The student should write the complete medical history according to the requirement of clerkship syllabus.
- 2. During the clerkship rotations, the number of complete medical history writing for each subject should meet the minimum requirement stated in syllabus.
- 3. After completing each medical history, the student should hand it to clinic instructor for review and revise. The modification should be written by the instructor with a red pen. The instructor should sign the medical history and return it to student.
- 4. During the clerkship rotations, the medical history writing book should be kept by the student. The hospital Research and Education Department should organize a periodical review of student's Medical History Writing Book to ensure the quality of medical history writing and clerkship progress. After clerkship, the 'book' should be handed in to the hospital Research and Education Department for archiving.

Medical History written pattern for in-patient (SAMPLE):

Medical Records

Name: Occupation:

Gender: Family address and tel:
Date of birth: Medical history provider:

Marriage: Reliability:

Race: Date and time of admission: Place of birth; Date and time of recording:

Chief complains:

History of present illness:

Past medical history:

History of vaccination and infectious diseases:

Drug allergy:

Food allergy:

Operations, injuries and blood transfusion:

Systems review of past health condition and diseases:

Systems review:

Respiratory system:

Circulatory system:

Digestive system:

Urogenital system:

Hematopoietic system:

Endocrine system and metabolism:

Psychiatric-nervous system:

Musculoskeletal system:

Personal history:

Place of birth, places of residence, Sinensis phytophthora water exposure, been to the places that has endemic diseases and epidemic infectious disease, and contact history:

Life style and hobbies:

Occupation and working condition:

Noctivagation:

Marriage and children (Menstrual and child-bearing history for women):

Family history:

Physical Examination

| Temperature: | Pulses: | Breathe: | Blood pressure: |
|--|-----------------|------------------------|-----------------|
| General condit | ion: | | |
| Skin and muco | us membran | e: | |
| Lymph nodes: | | | |
| Head and its or | gans: | | |
| Skull: Eyes: Ears: Nose: Mouth: | | | |
| Neck: | | | |
| Chest: | | | |
| Lungs: | | | |
| Inspection: Palpation: Percussion: Auscultation: | | | |
| Heart: | | | |
| Inspection: Palpation: Percussion: Auscultation: | | | |
| Radial artery: | | | |
| Peripheral vaso | cular signs: | | |
| Abdomen (lump | s should be mar | ked on chart, if there | is any): |
| Inspection: Palpation: Percussion: Auscultation: | | | |
| Anus and repro | oductive orga | ins: | |

| Department | Patient's Name | Hospital Number | Main Diagnosis | Supervisor's signature | Date |
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