

ASSESSING THE PATIENT

PAIN:

- 21. WHERE DOES IT HURT?
- 22. DOES IT HURT ALL THE TIME?
- 23. CAN YOU DESCRIBE THE PAIN?
- 24. WHEN DID IT START HURTING?
- 25. HOW MUCH DOES IT HURT?
- 26. DOES THE PAIN STAY IN ONE PLACE OR MOVE AROUND?

MEDICAL HISTORY:

- 27. WHAT'S YOUR MEDICAL HISTORY?
- 28. WERE YOU OPERATED?
- 29. WHAT'S YOUR BLOOD TYPE?
- 30. DO YOU TAKE ANY MEDICATION?

ALLERGIES:

- 31. ARE YOU ALLERGIC?

FAMILY HISTORY:

- 32. DOES ANY OF YOUR CLOSE RELATIVES SUFFER FROM DIABETES, MENTAL ILLNESS, TUBERCULOSIS, HIV/AIDS?
- 33. WHAT'S YOUR FAMILY HISTORY?