## **History of Present Illness (HPI)**

Name:	Age:	Date visit:
Chief complaint		
History of propert illness (Old conts)		
History of present illness (Old carts)		
Onset:		
Lacation		
Location:		
Duration:		
Buration.		
Character:		
Aggravating factors:		
Relieving factors:		

Timing:	
Severity:	
Associated symptoms	
Medications	
Examiner's notes	
Clinician's name and signature:	
Date:	