

Fever proforma (simplified)

This proforma aims to gather essential information for diagnosing common causes of fever in an Indian Outpatient Department (OPD) setting.

Patient Information:

- **Name:**
- **Age:**
- **Gender:**
- **Date:**
- **Occupation:**
- **Address:**

Chief Complaint:

- **Fever:** Yes / No
- **Duration:** ____ days/weeks
- **Onset:** Sudden / Gradual

History of Presenting Illness (Fever):

1. Characteristics of Fever:

- **Frequency:** Constantly present / Comes and goes
- **Timing:** Day / Night / Both
- **Maximum temperature (if measured):** ____ °C/°F
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2. Associated Symptoms (Check all that apply, specify if applicable):

- Chills and shivering: Yes / No
- Sweating: Yes / No
- Fatigue: Yes / No
- Headache: Yes / No
- muscle pain: Yes / No
- joint pain: Yes / No
- Rash: Yes / No (Describe: _____)
- Cough: Yes / No (Sputum present / absent)
- Sore throat: Yes / No
- Nasal discharge: Yes / No
- Abdominal pain: Yes / No
- Nausea/Vomiting: Yes / No
- Diarrhea: Yes / No

- Urinary symptoms (burning, frequency): Yes / No
- 3. **Progression:** Is the fever improving or worsening or unchanged?

Past Medical History:

- **Chronic illnesses** (e.g., diabetes, hypertension, TB, HIV):
- Fever or infection in the past: When? What was the diagnosis?

Medication History

- **Allergies:** Yes / No (List: _____)
- **Current medications:**
- **Treatment history for fever** (e.g., antibiotics, antipyretics):

Social History:

- **Smoking:** Yes / No
- **Alcohol:** Yes / No
- **Travel history** (last 6 months): Yes / No (Details: _____)
- **Living conditions** (e.g., overcrowding, sanitation):

Exposure History (Indian Context):

- **Recent contact with sick individuals:** Yes / No (Details: _____)
- **Mosquito bites or vector exposure:** Yes / No (Details: _____)
- **Exposure to contaminated food/water:** Yes / No (Details: _____)

Additional Notes:

Provisional diagnosis and next steps:

Nurse Name:

