

## Comprehensive Adult History and Physical

(Sample Summative H&P by M2 Student)

**This sample summative H&P was written by a second-year medical student from UCF COM Class of 2020 at the end of COP-2. While not perfect, it best exemplifies the documentation skills students are expected and able to acquire by the end of P-2: organization, thoroughness, relevance, chronology, integrated topic review, documentation of references, etc.**

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**Chief Complaint:** "I got lightheadedness and felt too weak to walk"

**Source and Setting:** Patient reported in an in-patient setting on Day 2 of his hospitalization.

**History of Present Illness:** Patient is a 48 year-old well-nourished Hispanic male with a 2-month history of Rheumatoid Arthritis and strong family history of autoimmune diseases presenting after an episode of lightheadedness and muscle weakness.

Patient began experiencing symptoms 4 months ago (November 2017). At that time he experienced fatigue and joint pain in the knees and hands. He was diagnosed with Rheumatoid Arthritis. He was given a short course of corticosteroids at that time that alleviated his symptoms. He was also started on methotrexate at that time. However, he felt that the medication was ineffective and stopped after 2 weeks.

For the past two months, the patient has been experiencing worsening symptoms. He has been experiencing progressively worsening headaches accompanied with lightheadedness, light and sound sensitivity, nausea, and vomiting. He reports no loss of consciousness associated with the headaches. No convulsion, change of vision, or loss of continence. When the headaches began 2 months ago, they would last about half of a day and occur approximately once per week. They increased in frequency and duration and over the last month have been almost daily and lasted most of the day. He is unable to eat during headaches. Concurrently, the patient is experiencing worsening joint pain in the knees and hands. The pain is constant, accompanied by swollen and hot joints, and not alleviated by NSAIDS. Also in the last two months, he has experienced a dry mouth that makes swallowing food difficult and a burning sensation in his eyes.

In the last month, the patient has been experiencing night sweats, chills, and subjective fevers almost every night. This has impacted his sleep significantly, and he has not been able to sleep more than 4 consecutive hours in over one month. Three days ago, the patient was at work when a headache came on, he felt particularly light headed and weak. His left work early on that day. In the last three days the patient has had a constant headache and lightheadedness, and felt unable to eat. When he has tried to eat, he has vomited immediately after eating. He has had no changes to his bowel movements. No blood in the stool or urine. The joint pain has returned to a 10/10 in severity in the past 3 days. The patient has felt too weak to walk or leave the bedroom. He was brought to the hospital by his sister, a nurse, after two days being unable to leave bed. At this time, his sister noticed a facial rash in the pre-auricular area that extended over the eyelids and bridge of the nose