|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Presenting Complaint** | **Duration of symptoms recorded** | **PMH (or a negative statement)** | **Drug History or lack of one** | **Examination findings recorded (including –ve ones)** | **Diagnosis clear** | **Prescription or plan of action recorded** |
| *Y* | *N* | *N* | *Y* | *Y* | *N* | *Y* |
| *Y* | *Y* | *Y* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *Y* | *N* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *N* | *N* | *N* | *Y* | *N* | *Y* |
| *Y* | *Y* | *Y* | *N* | *Y* | *Y* | *N* |
| *Y* | *N* | *Y* | *N* | *Y* | *Y* | *N* |
| *Y* | *Y* | *Y* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *N* | *N* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *N* | *N* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *N* | *N* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *Y* | *Y* | *Y* | *N* | *N* | *N* |
| *Y* | *Y* | *N* | *N* | *N* | *Y* | *Y* |
| *Y* | *Y* | *N* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *Y* | *Y* | *N* | *Y* | *Y* | *N* |
| *Y* | *Y* | *Y* | *Y* | *Y* | *Y* | *N* |
| *Y* | *Y* | *Y* | *Y* | *N* | *Y* | *Y* |
| *Y* | *N* | *N* | *Y* | *Y* | *Y* | *Y* |
| *Y* | *Y* | *N* | *Y* | *Y* | *N* | *N* |
| *Y* | *N* | *Y* | *N* | *Y* | *Y* | *Y* |
| *Y* | *Y* | *Y* | *Y* | *Y* | *N* | *N* |