Case Number: to be determined by SPP
Case Title:

Chief Complaint/Reason for Visit:
Why has the patient come in today?

Differential Diagnosis: (list competing diagnostic possibilities)

Actual Diagnosis:

Case Summary:
PLEASE DO NOT TYPE HERE – to be completed by the SPP

Case Author(s): Click here to enter text.
Date of original: Month, Day, Year
Latest revision date: Month, Day, Year
Skills Involved: (Check all that apply)
☐ Physical examination (If checked, list typical exams performed under ‘Objectives’.)
☐ Interviewing
☐ History taking
☐ Counselling
☐ Assessment and clinical reasoning
☐ Other____________________

Key Educational Objectives:
  E.g. obtaining informed consent.
  • E.g. establishing therapeutic relationship.
  • E.g. practice cardiac exam
  •
  •

Setting:
Room set-up:
Equipment or Props:
SP Name:

AGE:

GENDER:  

BODY BUILD: (recruitment requirements will be met when possible)

RACE/ETHNICITY: (recruitment requirements will be met when possible)

INCOMPATIBLE PATIENT CHARACTERISTICS: (e.g. scars, tattoos, health conditions)

Social History

Marital status:

Children:

Occupation/Education:

Partner’s occupation:

Where do you live?

Who lives with you?

Living conditions (housing)/Environment:

Social/Socio-economic background:

Support system:

Spirituality:

Leisure Activities:

Expanded Case Details

<table>
<thead>
<tr>
<th>Chief Complaint</th>
<th>(Reason for visit)</th>
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<tbody>
<tr>
<td><strong>History of Present Complaint</strong></td>
<td>Onset</td>
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<tr>
<th></th>
<th>Location</th>
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<tbody>
<tr>
<td></td>
<td>Duration</td>
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<tr>
<td><strong>Past Medical History</strong></td>
<td><em>(List any previous hospitalizations or operations as well as any previous or pre-existing illness or problems with health and how long they have had)</em></td>
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<tr>
<td><strong>Medications</strong></td>
<td><em>(Include any prescription, over the counter, herbals, oral contraceptive pills, etc.)</em></td>
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<td><strong>Other Treatments/Therapies</strong></td>
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<td><strong>Allergies</strong></td>
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<td><strong>Lifestyle/Wellness</strong></td>
<td>Eating Habits</td>
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<td>Exercise</td>
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<td>Sleep Habits</td>
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<td>Stress</td>
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<td>Caffeine Intake</td>
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<td>Smoking</td>
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<td>Alcohol Consumption</td>
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<td>Recreational Drug Use</td>
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<td><strong>Sexual History</strong></td>
<td>Orientation</td>
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<td>Currently sexually active?</td>
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<td># of current partners</td>
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<td># of prior partners</td>
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<td>Gender of partners</td>
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<td></td>
<td>History of sexually transmitted infections</td>
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<tr>
<td><strong>Family Medical History</strong></td>
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**Patient’s Perspective**
Ideas and thoughts: (i.e., what the patient thinks might have caused the problem, what kind of information have they attained about their health concern, who have they previously spoken to about this health concern, what is their understanding, etc.)

Feelings & Concerns: (i.e., patient’s overall emotional state in connection to current problem; what specifically are they concerned about, what fears does the patient possess, do they have any concerns in regards to their current condition and their ability to complete daily functional tasks)

Expectations: (what the patient hopes to gain from their visit with the health care professional on this visit)

Instructions for Patient Portrayal

STARTING POSITION:

CLOTHING/GENERAL APPEARANCE:

OPENING STATEMENT:
(The first thing the patient says in response to the learner’s greeting if different or more specific than chief complaint)

BEHAVIOUR, AFFECT, MANNERISMS:
(i.e., temperament, attitude, how to respond to emotional subjects and questions about patient fears, concerns and beliefs about the problems, eye contact, facial expression, etc)
PHYSICAL RESPONSES
(E.g. range of motion, areas of pain during physical assessment, sensation, weakness etc).

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MUST ASK QUESTIONS OR PROGRAMMED RESPONSES
A list of questions (if any) that the patient must ask during the encounter or any specific responses you wish the standardized patient to elicit in direct response to learner (i.e., if learner does/asks ______, then SP responds by/with ______)
Please specify if there is an appropriate time for these questions to be asked (i.e., at 4 minutes into the encounter, once the learner has mentioned the need for radiation, etc.)

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MAY ASK QUESTIONS
A list of questions (if any) that the patient can ask during the encounter but does not necessarily need to ask. Used at the patient’s discretion. Please specify if there is an appropriate time for these questions to be asked.

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Additional Information for Trainer only: