**STANDARDIZED PATIENT SCRIPT**

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| --- | --- |
| **Patient Name/demographics:** | This is the time |
| **Chief Complaint/**  **Presenting Problem:** | This is the time |
| **Case Setting:** | This is the time |
| **Type of Encounter:** | **This is the time** |
| **OPENING STATEMENT** | This is the time |

**PHYSICAL CHARACTERISTICS/EXAM**

|  |  |
| --- | --- |
| **General Appearance:** |  |
| **SP Body Language/**  **Mood/Affect:** |  |
| **Pertinent Physical findings:** |  |
| **Props:** |  |

**SP NOTES**

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| At the beginning of your encounter, when asked why you are here, **GIVE ONLY THE CHIEF COMPLAINT AND STOP.** |
| Let the student ask questions to get your information. DO NOT VOLUNTEER INFORMATION. However, you may supply information that comes up as the result of the student’s questions. |
| It is very important that you answer questions the same way with each student. |
| If a question is asked that is **NOT** in the script, SP should answer “I don’t know” or “I don’t remember.” |

**HISTORY OF PRESENT ILLNESS**

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| --- | --- |
| **COMPLAINT #1:** |  |
| **Onset:** |  |
| **Location/radiation:** |  |
| **Severity:** |  |
| **Character:** |  |
| **What makes it better:** |  |
| **What makes it worse:** |  |
| **Associated symptoms:** |  |

|  |  |
| --- | --- |
| **COMPLAINT #2:** |  |
| **Onset:** |  |
| **Severity:** |  |
| **What makes it better:** |  |
| **When does it occur:** |  |
| **Associated symptoms:** |  |

**OTHER RELEVANT/IMPORTANT INFORMATION:**

|  |  |
| --- | --- |
| **Past medical/**  **surgical history:** |  |
| **Recent History:** |  |
| **Current medications:**  **(Include OTC and routine; length of use; reason for taking, etc.)** |  |
| **Family history:** |  |

**HEALTH MAINTAINENCE AND PREVENTION**

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| --- | --- |
| **Allergies:** |  |
| **Immunizations, etc.:** |  |
| **Other health maintenance:** |  |
| **Exercise:** | You do not get regular exercise |
| **Tobacco/Alcohol/**  **Drug use:** |  |
| **Sexual history/activity:** |  |

**SOCIAL HISTORY**

|  |  |
| --- | --- |
| **Occupation:** |  |
| **Hobbies:** |  |
| **Relationship status:** |  |
| **Children:** |  |
| **Impact:** |  |