History taking

Start of history taking
- Approach patient
- Address patient by his/her full name
- Shake hands with patient
- State your full name and title (if a student one should say so)
- Explain what you will be doing
- Assure patient privacy and comfort
- Wash your hands
- Sit down at eye level with the patient if possible

Chief complaint or concern (CC):
- “Why did you come in today?”

History of present illness (HPI):
- Place or location of problem
- Quality or character of the problem
- Radiation of problem if appropriate
- Severity of problem
- Timing of the problem
  ▪ Onset
    i. Date
    ii. Acute or gradual
    iii. Activity when it began
    iv. Your position when it began (e.g. sitting)
  ▪ Duration of problem
    i. How long does it last?
    ii. Continuous or intermittent
    iii. How often do you get it?
  ▪ Factors associated with the problem
    i. What causes it?
    ii. What makes it worse?
    iii. What makes it better?
  ▪ Course of the problem
    i. Worse or better
  ▪ Previous occurrence
    i. Describe
  ▪ Past workup and/or treatment of the problem
    i. Time – When?
    ii. Location (e.g. doctor’s office, hospital, etc)
iii. Who treated you (e.g. doctor, faith healer, yourself, etc?)
iv. Studies performed (e.g. lab work, X-rays, Biopsy, etc)
v. Diagnosis and management (e.g. medicines, surgery)

Past history
- General health
- Last visit to a doctor or health healer
- Childhood illnesses
- Adult illnesses (e.g. high blood pressure, diabetes mellitus, etc.)
- Immunizations with dates (e.g. pneumovax, flu vaccine, etc.)
- Surgeries – why, where, when, what type, complications
- Trauma – why, where, when, treatment, complications
- Transfusions – why, where, when, number, complications
- Hospitalizations – why, where, when, treatment, complications
- Medications – which ones, how often, dose, when
- Allergies – to what, when, describe reactions
- For all female patients:
  - Last menstrual period (LMP)
  - Previous menstrual period (PMP)
  - Menarche (first menstrual period)
  - Are you menopausal?
  - Have you ever been pregnant?
    - Number of live births
    - Spontaneous or therapeutic abortions
    - Complications of pregnancy (e.g. Eclampsia)
- Sexually transmitted diseases
- Last PAP smear
- Last mammogram

Family history
Mother, father, siblings, children
- Age if alive or age at death
- Present state of health or cause of death
- Genetically caused disease (e.g. sickle cell, thalassemia, etc.)
- Chronic diseases (e.g. diabetes mellitus, hypertension, etc.)
- Communicable diseases (e.g. hepatitis, tuberculosis, etc.)

Social history
- Birthplace
- Current residence
- Education (include reading ability)
- Travel history (include history of serving in military)
- Occupational history (exposure, satisfaction, illness)
– Lifestyle
  ▪ Home life – married/divorced, happy, members of household
  ▪ Social support (can you depend on family in serious situations)
  ▪ Hobbies
  ▪ Pets
  ▪ Sexual history
    i. Are you sexually active? Men? Women? Both?
    ii. Do you practice safe sex? Describe
    iii. Ever have a sexually transmitted disease?
  ▪ Domestic violence – stress at home, kicked slapped
  ▪ Habits
    i. Alcohol – do you drink alcohol? How much? How often?
    ii. Cigarettes – Do you smoke? Packs per day? When started?
    iii. Substance abuse – Which drugs? How often?
    iv. Exercise – describe
    v. Sleep – describe
    vi. Diet – describe
  ▪ Spiritual history – Is religion important to you?
  ▪ Advanced directive – Do you have a living will?

**Review of systems**
– Eyes
– Ears
– Nose
– Throat
– Neck
– Lungs
– Heart
– Gastrointestinal tract
– Female genital system
– Male genital system
– Vascular System
– Hematological system
– Musculoskeletal system
– Neurological system
– Integumentary (skin) system
– Psychiatric system