

Checklist for history taking

-date and time

1. Identifying data (demographics)

1. Patient name
2. Date of birth and age
3. Gender
4. Place of birth
5. Nationality/race
6. Religion
7. Marital status
8. Occupation
9. Children
10. Where they live (part of town)

2. Source (to assess type of info provided and any possible biases)/Reliability

3. **Chief complaint:** brief statement of primary problem (including duration) that caused patient to seek medical attention

Most often in patient own words. Make every attempt to quote the patient's own words

4. **History of Present Illness:** complete, clear, (concise) chronological account of the illness (problem) prompting the patient to seek care, including pertinent positives and negatives from ROS pertinent to the CC... start from when patient was last well. The narrative should include the onset of the problem, the setting in which it has developed, its progress and manifestations, and any treatments.... to the point they are seen in the ER or your office, etc

-every principal symptom should be well characterized, with description of 7 features: remember OLD CARTS (onset, location, duration, character, aggravating factors, relieving factors, timing and severity)

1. **Location/radiation** of pain: is the pain (symptom) located in a specific place? Has this changes over time? Where does it radiate?
2. **Quality of pain:** sharp, dull, burning, deep; is it like anything else you have felt in the past? Knife-like? Pressure? A toothache?
3. **Severity (quantity) of pain:** wscale of 1-10; how bothersome is this problem? Does it interfere with your daily activities? to what degree? Does it keep you up at night?
4. **Timing (duration) of pain:** (onset, duration, frequency); how long has this condition lasted? Is it similar to a past problem? If so, what was done at that time
5. **Alleviating factors:** what makes it better: lying down, sitting, meds?

6. **Associated factors:** headache, fever, vomiting?
7. **Aggravating factors:** what makes it worse? What were you doing when it started?
Is it getting any better, worse, staying the same?

5. **Past Medical History**

1. Childhood illnesses:
 - A. Measles
 - B. Mumps
 - C. Rubella
 - D. Whooping cough
 - E. Chicken pox
 - F. Rheumatic fever
 - G. Scarlet fever
 - H. Polio
 - I. Strep throat
 - J. Mono
 - K. Pneumonia
 - L. Chronic illnesses
 - M. Accidents, fractures, surgeries
 - N. Were you a C-sxn or vaginal delivery? Birth weight?
2. Adult illnesses: medical: (JAM THREADS)- have you ever had jaundice, anemia, MI, TB, hypertension/hepatitis/HIV, RF, epilepsy, asthma, diabetes, or stroke/STI)?
Number of years and treatment involved
 - B. hospitalizations? Cause and dates
 - C. toxic exposures
3. Surgical: if yes?
 - A. Dates
 - B. Location
 - C. Type of surgery
 - D. Doctor
 - E. Indications
 - F. Time of stay
 - G. In or out patient
 - H. Any transfusions
4. OB/GYN: if female? Yes....(can refer to ROS questions)
 - A. Ob history (any pregnancies)
 - B. Menstrual history: age of menses, cycle history, menopause
 - C. Birth control
 - D. Sexual function
 - E. STIs
5. Psychiatric
 - A. Dates

- B. Diagnoses
- C. Medication
- D. In patient vs. out patient therapy
- 6. Health maintenance
 - A. Childhood immunizations: DPT, MMR, OPV, HIB, Varicella, BCG, smallpox
Pneumococcal, tetanus, hep B, flu shot, rotavirus
 - B. Adult immunizations: tetanus booster, pertussis, influenza, hep B and/or A,
rabies, pneumovax, shingles (herpes zoster)
- 7. Screening tests: with results and when last performed
 - A. TB test/CXR
 - B. Pap smear/colposcopy
 - C. Cholesterol, lipid panel
 - D. Mammogram
 - E. Prostate (exam/PSA)
 - F. Colonoscopy
 - G. EKG
 - H. Eye exam, glaucoma
 - I. Hiv testing
 - J. Stool for occult blood
- 8. Accidents? Any fractures or other injuries pertinent to adult health
- 9. Drug or food allergies or insects or environmental allergens? (what is the reaction)?
Vomiting? Rash?
- 10. Medications? If not listed above... past and current? Dose? Route...Number of
times per day? For how long? Brand or generic? Any herbs or holistic meds?
Vitamins? Home remedies? OTCs? OCPs? Meds borrowed from family members or
friends? Bring in all meds so you can see exactly what they are taking!

6. Family History (FH):

- A. Age and health or age and cause of death of immediate relatives
 - i. Parents, siblings, children, grandparents (2-3 generations)
- B. Outline or Diagram
 - If diagram, use a legend
- C. Summarize findings at the end and make sure you review the following:
 - Hypertension
 - coronary artery disease
 - elevated cholesterol
 - stroke
 - diabetes
 - thyroid or renal,
 - cancers (list type): breast, ovarian, prostate, colon?
 - seizure disorders
 - headaches,

genetically transmitted diseases
arthritis
tuberculosis or lung diseases,
mental illness including suicide, alcoholism, drug addiction, panic attacks,
anxiety, OCD, depression

7. Personal and Social History

- A. Current lifestyle: age, where they live: house/apt., what they are doing, who they live with, what is home situation like?
- B. Interests, occupation? Level of schooling. What they do with their time? Hours working/leisure/sleep
- C. Financial security
- D. Key important experiences and relationships: do you feel safe in your relationship
- E. Spiritual beliefs
- F. Activities of daily living; do you function on your own
- G. How deal with stresses in life; what are those stresses?
- H. Lifestyle habits:
 - i. Nutrition: what is your diet like?
 - compare a day with the essential food groups
 - caffeine, fat, additives
 - dietary supplements
 - special diets
 - ii. Exercise: pattern? Daily? How long? Tolerance
 - iii. Safety measures: seat belts, helmets, sunblock, smoke detectors
 - iv. Sexual habits:
 - Ask regardless of marital status
 - Sexual orientation
 - Age of first sexual encounter
 - Number of lifetime partners and in past 6 mos
 - How do you protect self from STIs and unwanted pregnancy
 - v. Alcohol
 - CAGE questionnaire (cutting down, annoyance, guilt, eye openers)
 - 2 or more "positives" associated with alcoholism
 - You must ask further questions: black outs? Seizures? Loss of memory? Job loss? Marital status? Legal problems?
 - vi. Drugs
 - Ask about each drug by name: "How much marijuana do you use? Cocaine? Heroin? Prescription drugs, pain killers, diet pills
 - How do you feel when you use the drug?
 - For young people: a lot of young people use drugs these days... do you? Have you tried them?
 - vii. Tobacco
 - Smoke cigarettes, marijuana, cigars, cloves, beanie? Chew tobacco

- Pack year history (2 packs per day for 3 years is 6 pk year history)
- If quit, for how long?

8. Review of Systems

- A. **General:** what do you think about your general health status? How do you feel? Do you think you are healthy? Appetite? Changes in sleep patterns?
- Ask about usual weight and recent weight gain or loss: are your clothes loose or too tight? Why?
 - Any weakness, fatigue or fever, night sweats?
- B. **Skin/integument:** any problems in the last year? Recurrent infections, rashes, moles, sores, itching, excessive dryness, scaling, changes in color, sores not healing, changes in hair or nails
- C. **HEENT (Head, eyes, ears, nose throat):** **head:** headache, dizziness, lightheadedness, trauma or injury; face/jaw pain **eyes:** vision? Glasses? Contacts? Last examination of eyes? Prescription and doctor; Redness, pain, swelling, discharge, watery eyes, blurred vision, double vision; do you see spots, flashing lights? History of glaucoma or cataracts? Photophobia, allergies; **Ears:** hearing, tinnitus, deafness; vertigo, earaches, discharge, pain, history of infections, ear tubes, hearing aids; **nose and sinuses:** nosebleeds, pain, discharge, difficulty smelling, stuffiness, runny nose, frequent colds, itching, allergy, sinus trouble; **throat/mouth/teeth:** condition of teeth and gums, last dental exam, bleeding gums, brush teeth? Dentures? Dry mouth? Frequent sores, sore throat, hoarseness, tongue problems? Excessive salivation
- D. **Neck:** lumps, swollen glands, goiter, pain, stiffness, holding to one side (torticollis), injury, history of goiter
- E. **Breasts:** lumps, nodules, pain, nipple discharge, changes, do you do self exam? How often
- F. **Cardiac:** cyanosis, history of heart trouble? Dyspnea (on exertion or at rest?), heart murmur, exercise tolerance, squatting, chest pain or discomfort, arrhythmias, palpitations, hypertension, MI, rheumatic fever, chest pain, edema, orthopnea, pnd, sweating, tachypnea, fainting, loss of consciousness, syncope? Past EKG or other test results
- G. **Respiratory:** pneumonia, bronchiolitis, wheezing, chronic cough, congestion, sputum (color and quantity), hemoptysis, TB, paroxysmal nocturnal dyspnea (PND), orthopnea, shortness of breath (SOB); ever had chest xray? Why? When? asthma? tb? Bronchitis? emphysema
- H. **Gastrointestinal:** stool color, character, frequency, diarrhea, constipation, vomiting, hematemesis, jaundice, abdominal pain, colic, appetite, heartburn, nausea, rectal bleeding or black or tarry stools (melena), hemorrhoids, odonyphagia, dysphagia, encopresis (primary vs. secondary); heartburn; appetite or weight changes; excessive belching or flatulence; gall bladder problems?
- I. **Urinary:** frequency, dysuria, hematuria, nocturia, frequency, incontinence, hesitancy, dribbling, force of stream; urgency; discharge, abdominal pains, side

pain, quality of urinary stream, polyuria, previous urinary infections, facial edema, enuresis (primary vs. secondary), hernia, color of urine' history of kidney stones? UTIs? Incontinence? If no sexual history, do it here

- J. **Genital:** secondary sexual characteristics, **female:** onset of menses, flow, number of pads used, amount of bleeding, bleeding between periods or after intercourse? clots, regularity, frequency and duration of periods; last period; dysmenorrhea, menstrual problems, pregnancies, sexual activity; pain with intercourse, decreased libido. LMP, last pap; age at menopause, menopausal symptoms, postmenopausal bleeding, HRP?contraception; discharge, itching, odor, sores, lumps, STIs, # pregnancies, # and type of deliveries, # of abortions (spontaneous or induced), complications of pregnancy, birth control methods, sexual preference, function, satisfaction, any problems, including pain with sex; exposure to HIV; **male:** hernia, discharge, sores, testicle mass or pain, STIs, contraception; circumcised; problem with erection, ejaculation; self testicle exam, sex habits, interest, function, satisfaction, birth control methods, condom use and exposure to HIV.
- K. **Musculoskeletal:** bone or joint pains, or swelling, stiffness, arthritis, gout, fever, scoliosis, myalgia, or weakness, injuries, gait abnormalities or changes, backache, limited range of motion?
-if positive responses, ask about swelling, redness, heat, pain, tenderness, LOM, loss of strength, symptoms worse in AM or PM
- L. **Allergy:** urticaria, hay fever, allergic rhinitis, asthma, eczema, drug reactions; foods?
- M. **Psychiatric:** nervousness, tension, mood, depression, memory change, suicide, suicidal ideation, or attempts? ADHD, behavior problems, loss of pleasure, hopelessness, excessive sleeping; history or treatment of psych illness or hospitalization
- N. **Neurologic:** special senses: any changes in sight, smell, hearing, taste; changes in mood, attention, speech, memory, judgement, headache, dizziness, fainting, blackouts, seizures, weakness, paralysis, numbness or loss of sensation, tingling, tremors, involuntary movements, lip smacking, blinking, limb weakness, poor balance
- O. **Hematologic:** anemia, abnormal bleeding or bruising, past transfusions
- P. **Endocrine:** thyroid problems, hyperthyroid- prefer cold, mood swings, sweaty, diarrhea, oligomenorrhea, weight loss despite increased appetite, tremor, palpation; hypothyroid- prefer hot, slow, tired, depressed, thin hair, croaky voice, heavy periods, constipation, dry skin; Diabetes Mellitus- excessive thirst, hunger, polyuria; cushing disease: change in glove or shoe size; weight retention.
- Q. **Peripheral vascular:** swelling of extremities, poorly healing wounds, pain or numbness of legs, DVT, thrombophlebitis, varicosities, claudication, leg cramps, varicose veins