

STARTER KIT



1ST
EDITION

HISTORY TAKING

FOR

NEWBIES

**GIVES YOU
THE SIMPLE
FORMULA FOR
HISTORY
TAKING**

**RELAX NEWBIE!
FMH SAYS IT
DOESN'T HAVE TO
BE SCARY**



THE BASIC SCHEME

Patient's Identifying Data

- Name
- Age
- Sex
- Nationality
- Marital status
- Occupation
- Origin
- Residence

☞ Dr. Mona Ismael wants you to only mention the name, age, sex & nationality of the patient in the I.D., the rest goes in the social history

Informant

Relation to the patient & reliability

Mode of Admission

- Emergency admission / elective admission / referred
- From the emergency room / the out patient department (OPD)
- Date of admission

Chief Complaint

Presenting complaint(s) with duration in chronological order

History of Presenting Illness

- When patient was last well
- Symptoms the patient experienced at the beginning of his illness
- When & where diagnosed
- Treatment
- Compliance
- Follow-up
- Control of illness or symptoms
- Rule out complications of the disease or treatment used
- Progression / regression of symptoms over time or are they just the same
- Any previous E.R. visits, hospital admissions, ICU admissions due to his illness
- When was patient last well before the beginning of his presenting complaints
- Analysis of the presenting complaints
- E.R. visits to any hospital for the presenting complaints
 - When & Where
 - Frequency
 - Reason
 - Management
 - Treatment discharged on
 - Last E.R. visit
- Hospital admission for same complaint
 - When & where

- Frequency
- Reason
- Duration of admission
- Management
- Treatment discharged on
- ICU admission for same complaint
 - When & where
 - Frequency
 - Reason
 - Duration of admission
- Referrals to any hospital
- Blood transfusions (for sickle cell disease or thalassemia)
 - Simple or exchange
 - When & where
 - How many units
 - Any complications
- Other positive & negative symptoms related to the involved symptom or the patient's disease specifically
- Rule out other cardinal symptoms of the involved system
- Rule out constitutional symptoms
 - Fever
 - Night sweats
 - Generalized fatigue
 - Change in appetite
 - Weight change
- Course of disease in the hospital during this admission
 - What happened at the hospital?
 - What was the patient given?
 - How is patient feeling now?
 - Did the symptoms continue to be the same, subside, or worsen?
 - What investigations did patient have?
 - Why is patient still in the hospital?
 - What did the doctors tell him?
 - What's his / her doctor's name?

Past History

- Past medical history
 - History of diabetes mellitus, hypertension, hyperlipidemia, bronchial asthma,
 - Any admissions for any other illness (when, where & for how long)
- Past surgical history
 - When
 - Where
- Past traumatic history
 - When
- Blood transfusions for any other reason
 - When & where
 - How many units
 - Any complications

Drug History

- Trade name of drugs or describe the tablet's size, color & shape if name is unknown
- Dose
- For how long has the patient been taking the medication for?

Allergies

Any known allergy to food or drug

Immunization

- Has patient received all his / her routine immunizations?
- Ask sickle cell patients if they have received any special immunizations

Menstrual History

- Age of menarche
- Regularity
- Duration
- History of menorrhagia or dysmenorrhoea
- Last menstrual period
- Oral contraception
- Number of pregnancies
- Types of deliveries (vaginal or caesarian section)
- Number of live births, stillbirths, and miscarriages

Family History

- Are the mother & father relatives?
- Father
 - Age
 - Health
 - Any diseases
 - If deceased (age of death & cause of death)
- Mother
 - Age
 - Health
 - Any diseases
 - If deceased (age of death & cause of death)
- Siblings
 - Number of brothers & sisters
 - Age
 - Health
 - Any diseases
 - If any are deceased (age of death & cause of death)
- Children
 - Number of sons & daughters
 - Age

- Health
- Any diseases
- If any are deceased (age of death & cause of death)
- ☞ Dr. Mona wants the children to be mentioned in the social history
- Any similar disease in other family members (uncles, aunts, cousins, etc.)

Social History

- Marital status
- Level of education
- Occupation
- Living accommodations
 - House or apartment
 - Rented or owned
 - Number of rooms
 - Number of people living there
- Smoking
 - Type (cigarettes, cigars, shisha)
 - amount daily
 - For how many years
 - If not smoker, any exposure to passive smoking
- History of alcohol consumption
 - Type (beer, spirits, etc.)
 - Amount
 - Frequency
 - Last time patient drank

Travel History

Any history of recent travel

Systemic Review

☞ Be selective! You are not expected to ask about all the following symptoms.

- **General**
 - Appetite
 - Weight change
 - Fatigue
 - Fever
 - Sweating
- **Central Nervous System**
 - Headache
 - Memory or concentration problems
 - Dizziness (vertigo or light headedness)
 - Loss of consciousness (Fainting episodes, fits, or blackouts)
 - Visual disturbances
 - Hearing problems (deafness, tinnitus)
 - Weakness in the arms or legs
 - Parasthesia (numbness or tingling) in the arms or legs
 - Tremors & involuntary movements

- Speech disturbances
- Urination disturbances
- Disturbances in gait
- History of head injury
- **Cardiovascular System**
 - Chest pain on exertion
 - Dyspnea
 - Orthopnea
 - Paroxysmal nocturnal dyspnea (PND)
 - Palpitation
 - Syncope & pre-syncope
 - Cough
 - Sputum
 - Hemoptysis
 - Lower limb edema
 - Intermittent claudication (with claudication distance)
- **Respiratory System**
 - Shortness of breath
 - Cough
 - Sputum
 - Haemoptysis
 - Wheezing
 - Chest pain on inspiration or coughing
- **Gastrointestinal Tract**
 - Mouth ulcers
 - Dysphagia
 - Odynophagia
 - Nausea
 - Vomiting
 - Hematemesis
 - Heartburn
 - Abdominal pain
 - Swelling / bloating / distension
 - Diarrhea
 - Constipation
 - Change in stool color (pale, dark, tarry black, fresh blood)
 - Melena
 - Hematochezia
 - Yellow discoloration of skin
 - Pruritis
- **Genitourinary System**
 - Loin pain
 - Groin pain
 - Dysuria
 - Urgency
 - Increased frequency
 - Polyuria

- Nocturia
- Oliguria
- Frothy urine
- Hematuria
- Change in urine color
- Facial edema
- For gents ask about:
 - Difficulty starting urine / hesitancy
 - Poor stream or flow
 - Terminal dribbling
 - Incontinence
 - Urethral discharge
 - Erectile difficulties
 - Priapism
 - Genital rash
- For ladies ask about:
 - Incontinence
 - Genital rash
- **Hematological System**
 - Weakness / fatigue / tiredness
 - Dyspnea
 - Postural dizziness
 - Headache
 - Palpitation
 - Easy bruising
 - Difficulty stopping bleeding
 - Bleeding (gums / nose / gastrointestinal / persistent menstrual bleeding)
 - Bone pain (e.g. sternal)
 - Parasthesia
 - Fever
 - Shivers
 - Shakes (rigors)
 - Lymphadenopathy (cervical / axillary / groin)
- **Musculoskeletal System**
 - Joint pain
 - Joint swelling
 - Morning stiffness
 - Restriction of movement
 - Loss of function
 - Deformity of joints
 - Weakness
 - Instability
 - Change in sensation of joints
 - Skin rash
 - Back or neck pain
 - Dry eyes
 - Dry mouth
 - Red eye

- Ulcers
- **Endocrine System**
 - Neck swelling
 - Hand tremor
 - Increased sweating
 - Menstrual change / impotence
 - Change in bowel habit
 - Weight change
 - Heat or cold intolerance
 - Increased thirst
 - Polydipsia
 - Polyphagia
 - Appearance change: hair, skin. Voice, stature

ROUTINE QUESTIONS ABOUT CARDINAL SYMPTOMS

Pain

- When pain first started
- Onset
 - Sudden
 - Gradual
- Course
 - Continuous
 - Intermittent
- Severity (according to the 0 – 10 scale)
 - Mild
 - Moderate
 - Severe
- Nature
 - Heaviness
 - Compressing
 - Burning
 - Aching
 - Stabbing
 - Cutting
 - Dull
 - Gripping
 - Pricking
 - Throbbing
 - Colicky
- Site
- Radiation
- Duration
- What was patient doing when pain started
- Frequency & periodicity
- Special time of occurrence
- Aggravating factors
- Relieving factors
- Associated symptoms
- Progression over time
 - Progress
 - Regress
 - Stayed the same
- End
 - Suddenly
 - Gradually

Exertional Dyspnea

- Duration
- Exertion precipitating dyspnea
 - Climbing stairs (how many flights of stairs)
 - Running
 - Walking at normal pace
 - Walking at a slow pace
 - Distance patient can walk without becoming dyspnic
- Progression over time (changes in amount of exertion precipitating dyspnea)
- History of orthopnea or paroxysmal nocturnal dyspnea
- Associated symptoms
 - Chest pain on exertion or due to inspiration or coughing
 - Cough
 - Sputum
 - Hemoptysis
 - Wheezing
 - Palpitation
 - Lower limb edema
 - Intermittent claudication (claudication distance)
- Past history of
 - Chest pain
 - Hypertension
 - Fever with joint pain (rheumatic fever)

Dyspnea at Rest

- Age of onset
- Frequency
- Severity (affect on patient's activity)
- Duration of attack
- Change in frequency, severity and duration of attacks since the first episode
- Associated symptoms (e.g. wheezing)
- History of skin or nasal allergy
- Family history of similar illness or allergy
- Does patient require regular treatment to remain symptom free?

Cough

- Duration
- Continuous or paroxysmal
- Diurnal variation (more at night or day)
- Dry or productive
- Quantity, color, taste & smell of sputum
- Sputum more in early morning?
- History of hemoptysis (blood mixed with sputum or frank i.e. pure hemoptysis), frequency, and quantity of blood
- Aggravating factors (lying down in congestive heart failure)
- Relieving factors (sitting up in congestive heart failure & bronchial asthma)

Fever

- Duration
 - Acute (less than 2 weeks) e.g. malaria or pneumonia
 - Chronic (more than 2 weeks) e.g. TB or malignancy
- Onset
 - Sudden
 - Gradual
- Grade of fever
 - Low grade (less than 38.5°C in chronic infections)
 - High grade (more than 39°C in acute infections)
 - Hyperpyrexia (41.6°C)
- Measured at home or E.R.
- Pattern of fever
 - Continuous: does not touch baseline and variation is less than 1 degree
 - Remittent: does not touch baseline and variation is more than 2 degrees
 - Intermittent: fever present for several hours followed by fever free interval and has subtypes:
 - Quotidian: bout of fever occurs daily for few hours
 - Tertian: occurs on alternate days
 - Quartian: occurs after an interval of 2 days
 - Relapsing: occurs for several days followed by fever free interval of similar duration, then the cycle is repeated
- Fever more at night (suggestive of TB) or more at the daytime
- Associated with
 - Chills
 - Rigors
 - Sweating
 - Night sweats
 - Headache
 - Generalized fatigue
- Relieved by antipyretics or antibiotics
- Ask about history of
 - Headache, vomiting, neck stiffness, photophobia (meningitis)
 - Nausea & blurred vision (encephalitis)
 - Sinusitis, blocked nose, sore throat (Upper Respiratory Tract Infection)
 - Cough, sputum, hemoptysis, dyspnea, chest pain (Lower Respiratory Tract Infection)
 - Abdominal pain, diarrhea, bloody diarrhea, recent history of eating from restaurants (gastroenteritis)
 - Dysuria, urinary frequency, loin pain, suprapubic pain, haematuria, smelly urine (Urinary Tract Infection)
 - Joint pain, skin rash (Connective Tissue Disease)
 - Anorexia, weight loss, lump (malignancy)
 - Contact with TB or febrile patient (TB)
 - Blood transfusions, IV drugs, illegal sexual contact, jaundice (change in skin color or color of the sclera), change in urine color (hepatitis)
 - Contact with animals (toxoplasmosis)
 - Ingestion of raw milk (brucellosis)

- History of recent travel (malaria)
- Dental abscess
- Drug intake
- Alcohol

Weight Loss

- Amount of weight lost
- Over how long?
- Appetite
 - Decreased
 - Increased
 - The same
- If appetite decreased ask about
 - Fever
 - Night sweats
 - Cough
 - Sputum production
- ☞ Weight loss with poor appetite may be due to chronic infection or malignancy
- If appetite normal or increased ask about
 - Polyuria
 - Polydipsia
 - Palpitation
 - Heat intolerance
 - Chronic diarrhea
- ☞ Weight loss with good appetite may be due to diabetes mellitus, thyrotoxicosis or malabsorption

Edema

- Site
 - Generalized (nephrotic syndrome)
 - Localized (congestive heart failure)
- Where did it start first?
 - Around the eyes (renal failure)
 - Around the feet (congestive heart failure)
- Ask about
 - Shortness of breath (congestive heart failure)
 - Anorexia, vomiting & decrease in urine output (renal failure)
 - Indigestion & diarrhea (malabsorption)
 - Abdominal distension (cirrhosis)

Palpitation

- Timing
 - At rest
 - During exertion
- Start and termination
 - Suddenly
 - Gradually

- Rate
 - Slow
 - Fast
 - Rhythm
 - Regular
 - Irregular
- Tip:** Ask patient to tap it out
- Duration of attack
 - Associated symptoms
 - Shortness of breath
 - Chest pain
 - Sweating
 - Weight loss
 - Heat intolerance
 - Appetite

Vomiting

- Duration
- Quantity
- Color
- Smell
- Contents of vomitus
- Frequency
- Relation to food
- Any special timing
- Associated symptoms
 - Abdominal pain
 - Abdominal distention
 - Diarrhea
 - Constipation
 - Hematemesis (if yes color, quantity & frequency)
 - Melena
 - Weight loss if vomiting is long standing
 - Anorexia
 - Oliguria
 - Headache

Diarrhea

- Duration
- Quantity of stools (small or bulky or difficult to flush “malabsorption”)
- Consistency (watery with specks of fecal matter is typical of cholera “rice water stools”)
- Blood or mucus in stools
- Tenesmus (sense of incomplete evacuation)
- Frequency
- If diarrhea is acute, any relation with food intake
- History of diarrhea in other individuals who consumed the same food (food poisoning) if so, interval between food intake and onset of diarrhea

- Does it occur at night (organic disease of the gut)
- Associated symptoms
 - Fever
 - Abdominal pain
 - Vomiting
 - Weight loss

Constipation

- Usual bowel movement (how many stools per day or week)
- Duration of recent change of bowel movement
- Blood in feces
- History of alternating diarrhea
- Drug history
- Change in eating habits
- Associated symptoms
 - Abdominal pain
 - Distention
 - Vomiting
 - Weight loss

Polyuria

- Duration
- Differentiate it from frequency of micturation (in polyuria amount of urine is large while in increased frequency the amount of urine is small)
- Excessive thirst
- Appetite (decreased, increased, or the same)
- Nocturia
- History of diuretic intake

Hematuria

- Duration
- Exact color of urine
- Any difference in the color of urine in the beginning, the middle or at the end of micturation
- Associated symptoms
 - Dysuria
 - Burning micturation
 - Suprapubic, lumbar or loin to groin pain
 - Fever

Joint Pain

- Age of onset
- Which joint was involved first
- What was the sequence of involvement
- Did the pain in the previously involved joint persist or disappear when other joints were affected
- Swelling of joints
- Relation of pain with movement of joints

- Morning stiffness
- Past history of trauma to the joints
- Any systemic symptoms
- History of urinary, bowel or eye problems

Jaundice

- Abdominal pain (pain in the right hypochondrium that is moderate, localized and continuous may be due to hepatitis and if pain is severe, recurrent, and colicky ;it might b due to gallstones)
- Loss of appetite
- Color of stool or urine
- Itching (due to cholestasis)
- Loss of weight (malignancy)
- Past history of injections, blood transfusion (hepatitis B or C)
- Contact with jaundiced patient (hepatitis A or E)
- Family history of jaundice (inherited disorders)
- Distaste for smoking if patient is a smoker

Dysphagia

- Duration
- More with solids or liquids
- Progressive
- Feeling of food sticking somewhere? What site?
- Odynophaagia
- Weight loss
- Vomiting (does vomitus contain food eaten 48 – 72 hours earlier? “achalasia”)
- Past history of retrosternal burning (reflux esophagitis)

Mass

- Site
- Duration (when 1st noticed)
- How 1st noticed
- Recent changes in size, shape, color, consistency, surface, edge
- Disappearance
- Associated symptoms
 - Pain
 - Tenderness
 - Fever
 - Dyspnea or dysphagia if mass is in the neck

Headache

- Site (organic disease headache is over the frontal & occipital while psychogenic headache is over the vertex)
- Severity
- Duration
- Continuous or intermittent
- Character

- Special time of occurrence (cluster headache occurs at night while headache of sinusitis is maximum few hours after sunrise)
- Aggravating & relieving factors (attacks of migraine may be precipitated by menses & certain foods such as cheese. Headache of sinusitis is worse on stooping) Effect of analgesics (psychogenic headache is not relieved by analgesics)
- Associated symptoms
 - Vomiting
 - Rhinorrhea
 - Visual halos
 - Insomnia
- Any cause for anxiety or depression

Fits (Convulsions)

- Age at time of first attack
- Information to gather about attack from patient & eye witness
 - Aura (any special feeling or symptom before the fit)
 - Loss of consciousness
 - Rigidity
 - Tonic, clonic contractions
 - Are the fits generalized or localized
 - Tongue biting
 - Urinary / fecal incontinence
 - Fall
 - Trauma
 - Duration of attack
 - After symptoms (sleep, headache, paralysis)
 - Do Attacks occur during sleep or not
- Shortest & longest interval between attacks
- History of
 - Headache
 - Vomiting
 - Sensory or motor symptoms
 - Fever (specially in children)
- Past history of
 - Ear discharge
 - Head injury
 - Birth trauma

Weakness or Paralysis

- Part involved (one limb “monoplegia”, both limbs on one side “hemiplegia” or both legs “paraplegia”)
- Weakness complete (paralysis) or partial (pareses)
- Onset (sudden or gradual)
- Static or progressive
- Associated symptoms
 - Headache
 - Vomiting

- Loss of consciousness
- Fits
- Is speech affected
- Numbness
- Tingling
- Pain
- Visual disturbances
- History of
 - Hypertension
 - DM
 - Smoking
 - Ischemic Heart disease
 - Valvular disease
- Family history of vascular disease

SUGGESTED READING LIST

1. Bronchial Asthma
2. Pneumonia and Parapneumonic Effusion
3. Chronic Obstructive Lung Disease (Chronic Bronchitis and Emphysema)
4. Bronchiectasis
5. Lung cancer
6. Pleural Effusion
7. Tuberculosis
8. Congestive Heart Failure
9. Rheumatic Heart Disease
10. Hypertensive Heart Disease
11. Infective Endocarditis
12. Pulmonary Edema
13. Hypertension and its complications
14. Deep Venous Thrombosis
15. Myocardial Infarction
16. Inflammatory Bowel Disease (Crohn's Disease & Ulcerative Colitis)
17. Chronic Liver Disease
18. Peptic Ulcer
19. Sickle Cell Disease
20. G6PD deficiency
21. Thalassemia
22. Leukemia
23. Lymphoma
24. Diabetes Mellitus and its complications including Diabetic Ketoacidosis
25. Thyrotoxicosis
26. Chronic Renal Failure
27. Urinary Tract Infection
28. Rheumatoid Arthritis
29. Systemic Lupus Erythematosus
30. Mixed Connective Tissue Disease
31. Pyrexia of Unknown Origin
32. Schistosomiasis
33. Causes of lymphadenopathy

Your prayers are highly appreciated!

FMH