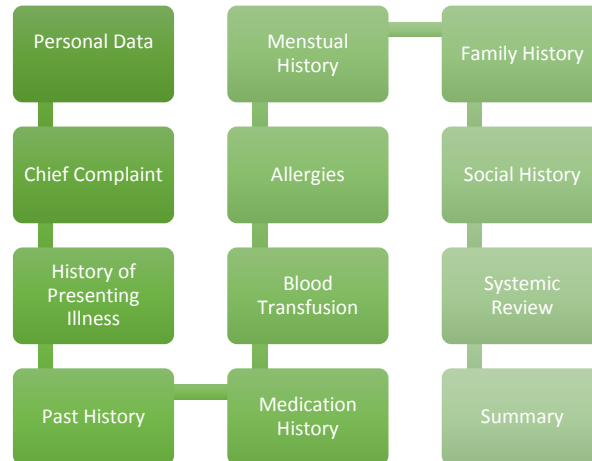


Medicine Hx - General

General Structure of History Taking



A. Important points before starting any history:

- Introduce yourself to the patient as a student/doctor.
- Take the permission.
- Avoid using medical terms!

1. Personal Data:

Personal Data	
Name	What is your name?
Age	How old are you?
Nationality.	What is your nationality?
Gender	No need to ask the patient 😊
Residency	Do you live here? Where do you live?
Marital Status.	Are you married?
Children	Do you have children? How many?
Occupation	What do you work?

2. Chief Complaint (CC):

Chief Complaint "Why & for how long"	
Time of admission	When did you come to the hospital? Which day & what time?
Route of admission	Were you admitted through ER, Electively through OPC, or referral?
Complaining of	What are you complaining of? / What brings you to the hospital?

	If it's pain: Where is the pain exactly?
The duration	For how long do you experience this "mention the symptom" – for each symptom alone!

3. History of Presenting Illness (HPI):

History of Presenting Illness "HPI"	
You have to take a detailed Hx from the patient about each symptoms he\she is presented with	
SOCRATES	<p>Site: Where is the pain exactly?</p> <p>Onset: When did the pain start? / Have you ever experience the same pain before? When?</p> <p>Character: Can you describe the pain?</p> <p>Radiation: Does it go to another place?</p> <p>Alleviating factors: Is there anything that makes it better?</p> <p>Timing: When does it come? Is there a specific time? Am/Pm?</p> <p>Exacerbating: Is there anything that makes it worse?</p> <p>Severity: In a scale of 1 to 10 how painful is it? /Does it affect your daily activities (can you climb the stairs)?</p>
Associated Symptoms	Does anything else come with it?
Systemic review of the systems involved in the CC(s)	See the table below
Previous episodes: if yes	<ul style="list-style-type: none"> ▪ How many times? ▪ When was the first and last episode? ▪ Same or more severe episodes? (Progression). ▪ How did it relieve? ▪ Did you go to a doctor? ▪ What was the diagnosis? ▪ What was done (Medications, investigation, or hospital admission)?
Constitutional symptoms	<ul style="list-style-type: none"> ▪ Do you have fever? Are there any changes in your appetite or your weight?
Risk factors	<ul style="list-style-type: none"> ▪ (Ask about suspected DDX's risk factors)
Hospital course	<ul style="list-style-type: none"> ▪ What tests/medications/procedures were done to you?
Functional history	<ul style="list-style-type: none"> ▪ Does the disease affect your daily activities?
Chronic illnesses that are related to the CC(s)	<ul style="list-style-type: none"> ▪ Do you have any chronic illness? ▪ Where and when was it diagnosed? By? (Type of investigation). ▪ Are you monitoring it? (If yes how?).

- Do you regularly follow up in a health care center?
- Do you have any medications for it? Always taken or missed?
- Do you have any complications? Their duration?

4. Past History:

Past Medical
<p>Do you have any chronic illnesses (not related to the CC(s))?</p> <p>Did you have any childhood problems?</p> <p>Do you have any other diseases? (e.g. infection, inflammation, tumor), and for each disease:</p> <ul style="list-style-type: none"> ○ When was it diagnosed? By which type of investigations? ○ Controlled or not? ○ Drug compliance. ○ Complications, and their duration.
Past surgical or interventional procedures
What? Why? When? Complications?
Hospital admissions
When? Why? What was done? ICU admission?
Did you have any past accidents and what were their consequences? e.g. fractures, trauma
Did you have any physiotherapy or rehabilitation?

5. Medication History:

Drug	For	Route	Dose	Frequency	Duration
Did you have any complications?					
Do you use any herbal medications? (Especially in liver diseases, or jaundice)					

6. Blood Transfusion:

Did you have any blood transferred to you?			
-When?	-Why?	-How many units?	-Were there any complications?

7. Allergies:

Do you have any allergies?
<ul style="list-style-type: none"> ▪ Against what, egg, food, drugs, contrasts? ▪ What kind of the allergic reaction is it (Symptoms)? ▪ How does it relief? <p style="text-align: center;"><i><u>If negative, say: "No Known Allergies (NKA)"</u></i></p>

8. Family History:

Family history

- Is your entire family okay? Your mother? Father? Grandmother and grandfather still alive?
- If the pt. mentioned that someone died: What was the cause of the death? What age?
- Does any of your family have the same illness (presentation)? If yes: Since when? What age?
- Are there any inherited diseases? Diabetes? Hypertension? Cancer?
- Do you or any of your family have any congenital abnormality?

9. Menstrual History:

Menstrual Cycle

- When did you first have your period (menarche)?
- When was your last menstrual period (LMP)?
- If she's old: When did you have your last period (menopause)?
- Is/Was your period regular? (Note if there is dysmenorrhea or amenorrhea)
- How long is/was your period?
- Is/Was your period heavy or light?

Did you have any pregnancies?

- How many?
- Did you have any problem with your pregnancies?
- Was/Were the delivery normal or C-section?
- Did you have any abortion? What was the cause?
- Are/Were you on OCP (Oral contraceptive pills) or HRT (Hormonal replacement therapy)? If yes, for how long and which type?

Do you have any gynecological problems? e.g. bleeding, tumor.

10. Social History:

Social history

- Where were you born?
- Are you married? Do you have kids? How many?
- Is there anyone who's taking care of you in the house? (To assess if he/she can do his/her daily activity or needs help).
- What is your level of education?
- Where do you live? (To assess the socioeconomic status).
- What do you work?
- Do you smoke? Drink alcohol? Use any drug?
- Do you do any activities or exercise?
- Did you travel to an endemic area? Where? / Did you have any contact with infectious people? When?
- Did you have a close contact with animals?
- Immunization?

11. Systemic Review:

General	Cardiology	Respiratory
<ul style="list-style-type: none"> ▪ Appetite ▪ Weight change ▪ Energy ▪ Sleep ▪ Mood ▪ Fever 	<ul style="list-style-type: none"> ▪ Chest pain (on exertion) ▪ Breathlessness (Rest/Exercise/Orthopnea) ▪ Palpitation ▪ Pain in legs (on walking) ▪ Varicose veins ▪ Ankle swelling 	<ul style="list-style-type: none"> ▪ Breathlessness ▪ Cough ▪ Wheeze ▪ Sputum (Color + amount) ▪ Blood in sputum ▪ Chest pain (due to inspiration or coughing)
Genitourinary	Genito-urinary	CNS
<ul style="list-style-type: none"> ▪ Mouth (oral ulcers, dental problems) ▪ Difficulty in swallowing ▪ Pain in swallowing ▪ Nausea/Vomiting ▪ Vomiting blood ▪ Indigestion ▪ Heartburn ▪ Abdominal pain ▪ Flatulence ▪ Change in bowel habits ▪ Change in color of stool ▪ PR bleeding ▪ Piles ▪ Jaundice 	<ul style="list-style-type: none"> ▪ Loin pain ▪ Pain passing urine ▪ Nocturia ▪ Frequency passing urine ▪ Blood in the urine ▪ Incontinence ▪ Urethral discharge ▪ Libido ▪ Unprotected sex and sexual partners ▪ Vaginal discharge ▪ Vaginal bleeding 	<ul style="list-style-type: none"> ▪ Headaches ▪ Dizziness ▪ Faints ▪ Fits ▪ Altered sensation ▪ Weakness ▪ Visual disturbance ▪ Hearing problems ▪ Memory or concentration changes
Musculoskeletal	Endocrine	Others
<ul style="list-style-type: none"> ▪ Joint pain, Stiffness, swellings ▪ Falls 	<ul style="list-style-type: none"> ▪ Heat or cold intolerance ▪ Change in sweating ▪ Excessive thirst 	<ul style="list-style-type: none"> ▪ Bleeding anywhere or Bruising ▪ Skin rash

** Concluding the interview: Is there anything else you would like to talk about? **

12. Summary:

- Age.
- Gender.
- Chronic illnesses.
- CC(s) and the duration.
- Important negatives.
- The patient was admitted for further evaluation and management.

432 OSCE TEAM

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