# History handout Done by Dana aldubaib if there's any Question contact me Email:dsd.993@gmail.com

- History taking is to be generalized about everything and then adding what is needed upon Chief complains.
- Think differential diagnosis and ask about it !!

General history: Prefer to page 3-7 in 429 handouts

Fever: SOCRATES

Measured or not? by who? Routes? Reading? what have been done so far?

SITE: x

0:

- Onset > sudden ? Gradual ?
- > Duration? when did it start?

C:

- Character? How, you documented the fever or hospital? and how much it was?
- > Contentious or intermitted?
- ➤ Progressive ? better or worse with time

R (Radiating or related to?)

➤ Related to infection? Animal contact? TB? STD? unpasteurized MILK? recent respiratory infection? Omrah? UTI?

YOU NEED TO RULE OUT 3 SYSTYM INFECTION (CEREBRAL, RESPITAORY, URINARY)

A ( association )

Pain ?Chiils ? cold ? rigors ?shivering ? respiratory sympotoms ?

T (TIME):

> Spesfic time? morning? nights ..etc

E:

Elvating and realeving?

S (severity)

➤ Did it effect your life ? work?

- 1 )Constitutional symptoms C,S : Fever ? loss of appetite ?wightloss ? nightswets ? Nausea ? vomiting ?headache ?
- 2) Previous episode?
- 3 )Risk factors? Think about what could caused fever if you forget it in the relation to
- 4 )Hospital course?
- 5 )Complication and impact of the CC
- 5 )Associated symtoms ? ask about the systym Questions related to the CC in fever ask about the 3 systems mentioned above
- 1)Past medical: CD?
- 2) Medication:
- 3 )Past surgical:
- 4) family history:
- 5 )Social: smoking? alcohol? Contact sick, tb person? Unsafe intercourse? animal? unpastraized milk?
- 6) Menstrual HX: in some cases

#### **Respiratory**:

Couph:

SITE : x 0 :

- > Onset > sudden ? Gradual ?
- > Duration? when did it start?

**C**:

- Character? dry, productive, change in Character.
- > Contentious or intermitted?
- Progressive? better or worse with time. start dry then became productive?

R (Radiating or related to?)

Ask about respiratory symptom, And Cardic

A (association)

Pain ?wheezing ? Sputum ( if yes ask more)

T (TIME):

> Specific time? morning? after meals? worse at night?

E:

Elevating and relieving and participating factors?

S (severity)

➤ Did it effect your life ? work?

Sputum + <a href="hemoptysis">hemoptysis</a> ( FOCA2TES)

Frequency?

0:

- > Onset > sudden ? Gradual ?
- > Duration? when did it start?

**C**:

- Character? Color? Thick, light?Smell? Fresh blood? Clotted? strakes?
- Contentious or intermitted?
- > Progressive? better or worse with time.

Α

- Association: Couph? Blood? Pain ?wheezing? Sputum (if yes ask more) Bleeding disorders? bleeding from other sites? Melena? hx of trama? Mucus?
- > Amount?

T (TIME):

> Specific time? morning?

E :

Elevating and relieving and participating factors ?

S (severity)

➤ Did it effect your life ? work? Also in hemoptysis think about the impact so ask quick Ouestion's about anemia

TP patient (typical nightswets and fever so you ask about fever hx and someQ about the NS ) plus:

- When was you diagnosed? How and where?
- Isolated? for how long?
- Previous steroid use ?
- Medicated and controlled?
- Improvement?
- Complication of Treatments or innless

Asthma:

S:X

0 : duration ? when was diagnosed base on what ? Where? When , where and how

C: \*character: how many attack/month? how many Admissions? Admit to ICU? How was it controlled?

\*C? / I? \* Progress?

A: couph? Wheezing .. etc resp systyms

T: Night? sleep?

E: participating (cats?dust?home carpet). aggravating? Relieving by steroid? (when, why and for how ling)

S: severity? affect life, hosp admission? Also ask about complication of dieses and what type of medication he/she is using SOB: Could be plural effusion (HF), pulmonary embolism, pneumothorax, asthma, MI.

**SOCRATES** 

SITE: x

0:

- Onset > sudden ? Gradual ?
- > Duration? when did it start?

**C**:

- > Character?
- Contentious or intermitted?
- Progressive? better or worse with time.

R (Radiating or related to?)

Ask about respiratory symptom (couph, wheezing ... etc) And Cardic (orthopnea, PND, palpitation .. etc?

A (association)

Pain? wheezing? Sputum (if yes ask more)

T (TIME):

> Specific time?

E:

Elevating and relieving and participating factors ?

S (severity)

> NYHA Classification IMP

SOB = dyspnea could be many things 1) Cardiac so ask about PND, Orthopnea, palpitation .. etc cardic q's

2) respiratory

 Sudden = pneumothorax or pulmonary embolism
 Typical case female, oral contraceptive, prolonged traveling surgery .. etc

• Gradual : asthma . So in a case of SOB ask general thin specific for more Page34

#### PE specific RF:

- Prolong bed rest? Travling?
- Blood disorders
- FH of blood dieses?
- Travels? trauma? burns? fractures?
- Smoking? heart dieses? MI? Stroke? heart surgeries? OCP?
- Pelvic surgery? childbirth? pregnancy?
- 1) Constitutional symptoms C,S: Fever? loss of appetite? Wight loss? nightswets? Nausea? vomiting? headache?
- 2 )Previous episode ? if yes how many and when was the  $1^{\text{st}}$  and last describe severity and time between attacks
- 3) Risk factors? Think about what could caused the CC  $.\,\underline{smoking}$  , prolonged traveling ( PE )  $\,$  , TB contact ? pets at home .. etc
- 4 ) Complication and impact of the CC : depend on the CC think what could be the impact .
- 5) Hospital course?
- 6 )Associated symptoms ? ask about the system Questions : cough , sputum ?hemoptysis? hoarseness

Dyspnea ?wheezing ?hypo/hyper ventilation ... also cardiac : chest pain ? PND ? Orthopnea ? palpitations ? ankle swelling ? syncope

- 1) Past medical: CD? DM, HTN, AIDS, pneumonia, asthma.. etc. childhood dieses?
- 2 ) Medication: oxygen thereby? steroids? Bronchodilators?
- 3) Past surgical: bronchoscopy, lung biopsy, chest tube, (what, when, where and complications)
- 4) Past family history: infectious dieses?
- 5) Social: smoking? alcohol? Contact sick, TB person? Unsafe intercourse? animal? unpasteurized milk?

Dust environment? exercise?

- 6) Menstrual HX: in some cases
  - Allergy? blood transfusion (if yes specific q's)? Trauma?
  - End by quick Systemic review

#### Cardiac

#### Chest pain (MI..) or any pain

SITE:?

0:

- > Onset > sudden ? Gradual ?
- > Duration? when did it start?

**C**:

- Character? dull? squeezing?. sharp..etc
- Contentious or intermitted? if intermitted frequency, duration and severity of each attack? 1st and last.
- Progressive? better or worse with time. start dry then became productive?

R (Radiating or related to?)

- Radiation? to shoulder, back?
- Related to respiratory symptom, And Cardic

A (association)

Cardic Q'S , Respiratory ? dyspnea , Orthopnea , PND , Couph .. etc

T (TIME):

Specific time? morning? after meals? worse at night?

E :

Elevating (food, body position) and relieving and participating factors?

S (severity)

➤ Did it effect your life? pain awake you from sleep?

#### **Palpitation:**

0: S/G?

Duration

C: C/I?

Character fast? slow? regular? irregular? Progression?

R: cardic q's

A: cardic q's, syncope?.. etc

T: time? walking? running? sitting?

E: elevating (coffee?) relieving?

participating?

S: severity

### Ankle swelling and any swelling ( Cardic ?

DVT? Rheumatology)

SITE: where? Symmetrical? bilateral? what level to the ankle?knee?face(nephrotic) other sites?

0:

- Onset > sudden ? Gradual ?
- Duration? when did it start?

C:

- Character? color? numbness ?sensation? temperature?
- Contentious or intermitted
- ➤ Progressive?

R (Radiating or related to?)

Related to,Cardic ,Rheumatology and renal

A (association)

Joint pain? restrictive movement? Cardic Q'S, renal, DVT, Nephrotic, rheumatology

T (TIME):

Specific time? morning? end of the day? walking? If yes distance and time to recover? at rest? exercise?

E:

Elevating relieving and participating factors ?

S (severity)

Did it effect your life ? can you walk?

## Syncope, presyncopal attack, dizziness: any known diagnosis?

0: \*S/G?

\* Duration (when, why), frequency if intermitted frequency, duration and severity of each attack? 1st and last and time between

C:\* Character (symptoms before the attack: aura: palpitation, chest pain, dizziness?

\* Progression?

R: cardic q's

A: cardic q's, CNS? symptoms before the attack

T: time? walking? running? sitting?

E: elevating?relieving?participating?

### Intermittent claudication / critical limp ischemia

SITE: which part of the limp? uni or bilateral 0:

- > Onset > sudden ? Gradual ?
- > Duration? when did it start?

**C**:

- Character of pain
- Contentious or intermitted? if intermitted frequency, duration and severity of each attack? 1st and last.
- > Progressive? worse or same

R (Radiating or related to?)

- > Radiation of pain?
- Related to respiratory symptom, And Cardic

A (association)

Cardic Q'S, 6P Q'S(Pallor(color), Paralysis, Paraesthesia, Perishingly cold.

T (TIME):

Specific time ? Walking? If yes distance and time to recover .

E:

Elevating (walking, exercise) and relieving (by rest?) and participating factors?

S (severity)

➤ Did it effect your life ? pain awake you from sleep ? do you walk through the pain ? distance can you walk ? pain at rest?

#### varicose veins:

SITE: which part of the limp? (level and pattern) uni or bilateral

0 :

- Onset > sudden ? Gradual ?
- Duration? when did it start? What draw your attention?

**C**:

- > Character of pain
- > Contentious or intermitted?.
- > Progressive? worse or same ,changes?

R (Radiating or related to?)

- > Radiation of pain?
- Related to respiratory symptom, And Cardic

A (association)

Pain? swelling? Nights cramps?itching? + cardic O's

T (TIME):

> Specific time?

E :

Elevating (walking, exercise) and relieving (by rest?) and participating factors?

S (severity): 1-10/daily activity? at rest?
\* RF:long standing(occupation), pregnancy,
obesity, venous lymph dissection, tumer invasion,

- 1) Constitutional symptoms C,S: Fever? loss of appetite? Wight loss? nightswets? Nausea? vomiting? headache?
- 2 )Previous episode ? if yes how many , when  $,1^{st}$  and last attack severity and time between attacks
- 3) Risk factors? Think about what could caused the CC .atherosclerosis ,smoking DM ,HTN ,HD,Alchool, Thyriod ( palptations ) , sedentary life style ,MI , Stroke , anemia
- 4) Complication and impact of the CC: depend on the CC think what could be the impact.
- 5 ) Hospital course?
- 6 )Associated symtoms? ask about the system Questions cardiac: chest pain? PND (how many times)? Orthopnea (how many bellows?) palpitations? ankle swelling? syncope.. etc
- 1) Past medical: CD? DM, HTN, AIDS, childhood dieses?
- 2 ) Medication: oxygen thereby? steroids? Bronchodilators?
- 3) Past surgical: cath, open heart surgery (what, when, where and complications)
- 4) family history: same problem? premature deaths in the family? DM? HTN? Hereditary?
- 5) Social: smoking? alcohol? drug?

Dust environment? exercise?

- 6) Menstrual HX: in some cases
  - Allergy? blood transfusion (if yes specific q's)? Trauma?
  - End by quick Systemic review

#### Vomiting

Frequency?

0:

- Onset > sudden ? Gradual ?
- > Duration? when did it start?

**C** :

- Character? Color?content (food? blood?)?projectile?
- Contentious or intermitted?
- Progressive? better or worse with time.

A

- Association: N, V, Pain, headache Couph? Blood? Pain? is the pain relived after vomiting?
- > Amount?

T ( TIME ):

> Specific time? morning?

E:

Elevating and relieving and participating factors?

S (severity)

➤ Did it effect your life? work

+ Hx of eating food from a reentrance? is there anyone have the same problem?

GI Bleed, per rectal bleed

Frequency?

0:

- Onset > sudden ? Gradual ?
- > Duration? when did it start?

C:

- Character? Color? Thick, light ?Smell? Fresh blood? Clotted? strakes ?mucus? mixed with stool?
- Contentious or intermitted?
- Progressive? better or worse with time.

Α

- Association: Abdominal symptoms! Pain? (if yes ask more) Bleeding disorders? bleeding from other sites? Melena? hx of trauma? surgery? Mucus? Drug(warfarin, NSAID)? GERD?ulcers(NSAID)? liver cirrhosis? IBD?Cancer?
  - Fistula?hemorrhoids?fissure?
- ➤ Amount?

T (TIME): beginning or end of defecation?

E :

Elevating and relieving and participating factors?

S (severity)

> Did it effect your life? impact so ask

GI

#### Dysphagia: ca, GERD, Ulcer, forien body?

Site? where exactly.

O: S/G?
Duration

C: C/I, or only when first swollen?
Character by which type of food? difficult initiating?
Progression?

R:x

A: neck swelling?food regurgitation? recent chest infection?chocking? foreign body (coin, teeth)? Rashes or tight skin (scleroderma)

T: time?

E: elevating(lying?) relieving? participating?

S: severity

#### Heart burn:

Site? retrosternal burning

O: S/G?
Duration

C: C/I, frequency ?
 Character( bitter, sore tasting )?
 Progression ?

R: related to body position? bending? lying supine?

A :excess salvation ? cough ? vomiting ? regurgitation ?

T: time?

E: elevating(lying after eating? food?) relieving (milk? Vomting)? participating?

S: severity

### Abdominal pain + abdominal distention ( SOCRATES )

A: Abdominal symptoms N,V, constipation? diarrhea pain? GI Bleed, dysphagia, jaundice, heart burn? distintion?

**abdominal distention:** Liver, heart, nephrotic, abdominal, fetus, feces, fluid, fat

GERD: heartburn, regurgitation, cough.

Ulcer: NSAID?

Cancer: wightloss, dysphagia.

Abdominal mass (lumb), hernia, ulcer

- Site, other masses?
- When did you notice it and how did you notice it? what was the 1st symptom?
- In case of lumb associated symptoms depend on the site if thyroid: dysphagia, SOB, horsiness, thyroid symptoms.

. breast: nipple changes, discharges, FH hernia: constipation, BPH.

- + ask about abdominal system symptoms :vomiting, constipation ? pain ?fever ..etc
- Pain? dysfunction?
- Any changes science 1<sup>st</sup> notice it ( size)?
   What bring you to the hospital now?
   change in color?
- always present? disappear? What makes it reappears?
- what do you think is the cause?
- Previous hernia/mass/ulcer.

Hernia: ask about reducibility and RF: surgery ?chronic couph( ACE) ? trauma ? constipation ? heavy lifting ? scince childhood ?

Ulcer RF: DM, HTN, vascular.

## Dyspepsia : ca, GERD, Ulcer, forien body ? Pain (SOCRATES)

+postprandial fullness, early satiety, epigastria pain, idiopathic, GERD, GI malignancy, drug S: severity

**Jaundice :** S: generalized? Eyes? 1<sup>st</sup> notice? and how did you notice?

0 : S/G?
Duration

C: C/I?

Character:  $\boldsymbol{Dark}\;\;\boldsymbol{urine}\;\text{, pale stool}\;?$ 

Progression?

A: abdominal pain? Itching?

T: seasonal?

E: elevating relieving? participating?

S : severity

Hx of: hemolytic anemia, unprotected intercourse, gall stones, liver dieses, alcohol, hepatitis, FH cancers, herbal medication, blood transfusion, recent travel, drug abuse.

- 1) Constitutional symptoms C,S: Fever? loss of appetite? Wight loss? nightswets? Nausea? vomiting? headache?
- 2) Previous episode? How many time, 1<sup>st</sup> and last, severity, relieve, what was the dignosis, what was done 3) Risk factors? Think about what could caused the CC. smoking, Alchool, Thyriod, sedentary life style, peptic ulcers, GERD, IBD, polyps/colon cancer. Liver dieses, drugs (NSAID, ASPRIN).
- 4) Complication and impact of the CC: depend on the CC think what could be the impact.
- 5) Hospital course?
- 6 )Associated symtoms? ask about the GI system Questions: Vomting, dysphagia, Taste disturbinces, abdominal pain, early satiety, abdominal masses, diarrhea, constipation, GI bleed, jaundice, bloating.
- 1) Past medical: DM, HTN, AIDS, peptic ulcer, GERD, GICA, Gallstones, thyroid, pancrtitis,
- 2 ) Medication: NSAID, ASPRIN, WARFRIN?
- 3) Past surgical: GI surgery, fistula, liver transplant. (what, when, where and complications)
- 4) Past family history: same problem? premature deaths in the family? DM? HTN? Hereditary? IBD.
- 5) Social: smoking? alcohol? drug Abuse? hx of traveling? outside martial relationships.?

Dust environment? exercise?

- 6) Menstrual HX: in some cases
  - Allergy? blood transfusion ( if yes specific q's )? Trauma?
  - End by quick Systemic review

#### Renal

#### renal colic (pain):

Site?

0: S/G?

Duration

C: C/I, frequency?

Character(type of pain)?

Progression?

R: radiation

A: renal symptoms Burning ..etc? + DARK

**URINE PALE STOL?** 

T: time?

E: elevating?.relieving? participating?

S: severity

#### Change color of urine(hematuria)

Frequency? every time you urinate?

0: Onset > sudden? Gradual? Duration? when did it start?

C: Character? Color? gross? Fresh?clots? streaks? Contentious or intermitted?

Progressive? better or worse with time.

Association: renal symptoms! Pain? (if yes ask more) Bleeding disorders? bleeding from other sites? hx of trauma? surgery? Drug(warfarin, NSAID )? Cancer?

Beetroot?menstrual period?rifampcin? Amount?

T (TIME): beginning, late or total urine?

E : Elevating and relieving and participating factors

S:Did it effect your life? impact so ask quick

Question's about anemia?

Obstructive type of symptoms: Hesitancy > difficult starting the urine >poor streaming >interruption>incomplete voiding > dripping . suprapupic pain? Retention? Irritativw symptoms: UFNDI .. Urgency > Frequency > nocturia > Dysuria > incontinent

- 1) Constitutional symptoms C,S: Fever? loss of appetite? Wight loss? nightswets? Nausea? vomiting ?headache?
- 2) Previous episode? How many time, 1st and last, severity, relieve, what was the dignosis, what was
- 3) Risk factors? Think about what could caused the CC. UTI, renal stones, lion pain, Facial edema
- 4) Complication and impact of the CC: depend on the CC think what could be the impact.
- 5) Hospital course?
- 6 ) Associated symtoms? ask about the renal system Ouestions: Hesitancy > difficult starting the urine >poor streaming >interruption>incomplete voiding > dripping . suprapupic pain? Retention? Irritativw symptoms: UFNDI .. Urgency > Frequency > nocturia > Dysuria > incontinent
- 1 )Past medical: DM, HTN, childhood disease, BPH
- 2 ) Medication: ASPRIN, WARFRIN, rifampoin, AIDS medication, TB?
- 3) Past surgical: Renal transplant (what, when, where and complications)
- 4) Past family history: same problem? premature deaths in the family? DM? HTN? Hereditary? BPH
- 5) Social: smoking? alcohol? drug Abuse? hx of traveling? outside martial relationships.? Dust environment? exercise? where they live (imp)
- 6) Menstrual HX: in some cases
  - Allergy? blood transfusion (if yes specific q's)? Trauma?
  - End by quick Systemic review