

Family Medicine

HISTORY TAKING & PATIENT COUNSELING

Contents:

- Upper respiratory tract infection.
- Asthma.
- Inflammatory bowel syndrome.
- Gastroesophageal reflux disease.
- Angina
- Urinary tract infection.
- Headache.
- Depression.
- Anxiety.
- Anemia.
- Osteoporosis.
- Joint pain.
- Back Pain.
- Diabetes Mellitus.
- Hypertension.
- Breaking bad news
- Smoking.
- Obesity.
- Breast feeding.
- Planning to get pregnant.
- Domestic violence.

Done by

هشام الغفيلي

[**Color index** | **Important** | **Explanation**]

The exam consists of 6 stations (5 History - 1 Examination).

I didn't cover the examination topics here. They are well covered in other resources.

Don't forget to study [the examination](#)

References

432 Team - 433 Summary - 434 Clinical guide - Lectures - [BMJ Best practice](#).

Important points

- You have 30 seconds to read the case (Attached to the door) then you enter.
- Each station is 7 minutes - Doesn't include the 30 sec. So total 7 minutes and 30 seconds.
- Smile.. Greet the patient.. Eye contact.. Show empathy.
- Try to use Open-ended questions.
- Don't forget **ICE! - Idea - Concern - Expectation.**
- Don't forget the counselling part.
- Summarize at the end (It is in the checklist).
- Thank the patient.

- Take it this way:

1- Introduce yourself (I'm ..., I'm your doctor today, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- HPI (SOCRATES).

5- Associated symptoms.

6- Constitutional symptoms.

7- Previous Hx of similar symptoms? Admissions?

8- Past Medical - Past Surgical - Medications - Social Hx.

9- Family Hx - Pregnancy and Gyn Hx (If Female :) - Allergies.

ICE



10- What do you **know** about your symptoms?

11- What are you **concerned** about? (إذا قال مثلاً أمي كان عندها كanser وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشئ).

12- What do you **expect** from this visit?

Counselling:

- According to your symptoms you most likely have ..
- Define what is the disease.
- Reassure (It is common - There is treatment.. etc).
- Investigations (No need/We need to do ...).
- Management (Non-pharmacological - Pharmacological).
- Referral (We need to refer you/No need to refer you).

Appointment for follow up (Ask if the patient available at that time).

Do you have anything to add? Or ask?

Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

Thank you!

RELAX



URTI

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- HPI.

- Character
- Aggravating & relieving factors: hot or cold drinks, rest.
- Severity (Affecting your daily activity? Affecting your work? Night symptoms?)

5- Associated symptoms.



Headache, Facial pain, Nasal congestion, Nasal discharge, Swelling in the neck, Difficulty in swallowing? Change in the voice? Smelling? Eye itching?



Stiff neck? Drooling?



Ear Pain?



Acid-taste? Abdominal pain? N/V?



Shortness of breath? Cough? Recent ingestion of foreign body? Rash? Muscle pain?(MERS-CoV)

*Red Flags

6- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- Previous Hx of similar symptoms? Admissions?

8- Medical: Chronic Diseases (Asthma & Immunodeficiency)

9- Medication

10- Surgical (dental or nasal procedures).

11- Social: (Animal contact (Camel), travel , recent infection, smoking, hx of seasonal flu.

12- Family Hx: Similar Symptoms, asthma or allergy

13- Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)

14- Allergy: allergic symptoms, history of Allergic Rhinitis.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أمي كان عندها كانسر وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

Counselling:

- According to your symptoms , you most likely have an acute infection which involves your upper respiratory tract, it can be viral (80%) or bacterial (20%).
- Antibiotics not given for viral infection (mainly it will not help and can cause resistance), if the problem still not improve, come again.
- Treatment mainly analgesics & antibiotics (for bacterial only).

Appointment for follow up (Ask if the patient available at that time).

Do you have anything to add? Or ask?

Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

Thank you!

Complications of sore throat:

- Peritonsillar abscess.
- Rheumatic fever.
- Glomerulonephritis.

Abx is given based on Centor Criteria:

Criteria	Points
Temperature >38° C	1
Absence of Cough	1
Swollen, Tender Anterior Cervical Nodes	1
Tonsillar Swelling or Exudate	1
Age	
3-14 Years	1
15-44 Years	0
45 Years or Older	-1

Score	Risk of Streptococcal Infection ^{8,9}	Suggested Management
≤0	1%-2.5%	No Further Testing or Antibiotic
1	5%-10%	
2	11%-17%	Culture All;
3	28%-35%	Antibiotics Only for Positive Culture Results
≥4	51%-53%	Treat Empirically With Antibiotics and/or Culture

Asthma

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- HPI.

- Course (Worsening - Improving)
- Aggravating & relieving factors: **Pollens - Dust - Cold - Perfumes.**
- Severity (Affecting your daily activity? Night symptoms? Using the inhaler more than 2 times per week? Asthma symptoms more than 2 times per week?).

If Already diagnosed: + When was the diagnosis? Any complications?

5- Associated symptoms.



Headache, Facial pain, Nasal congestion, Nasal discharge, Swelling in the neck, Difficulty in swallowing? Change in the voice? Smelling? Eye itching?



Chest pain



Ear Pain?



Acid-taste? Abdominal pain? N/V?



Shortness of breath? Cough? Recent ingestion of foreign body? Rash?

*Red Flags

6- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- Previous Hx of similar symptoms? Admissions? ICU?

8- Medical: Chronic Diseases (Asthma & Heart disease)

9- Medication: Beta blocker.

10- Surgical

11- Social: (Animal contact, travel , recent infection, smoking, hx of seasonal flu).

12- Family Hx: Similar Symptoms, asthma or allergy

13- Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)

14- Allergy: allergic symptoms, history of Allergic Rhinitis.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أمي كان عندها كانسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15. Counselling:

- According to your symptoms, you most likely have Asthma, which is chronic inflammation and narrowing of the airways.
- Treatment mainly bronchodilator (relief the sx) & corticosteroids (for long control of the disease).
- Don't worry, using the inhaler doesn't create a bad habit.
- Corticosteroids can be inhalers or pills, (inhaler has no systemic side effects and less severe than oral therapy. It has rapid onset and the doses are less than oral to achieve relief of symptoms (Emphasis that it is not habit forming or end stage treatment).
- However, oral medication has systemic side effects that affect your bones and immunity and it usually takes time to achieve its effect.

16. Explain the instructions:

- A. Check the expiratory date.
- B. Shake the inhaler.
- C. Remove the cap.
- D. [If with spacer: Attach it to the inhaler.](#)
- E. Prime the inhaler: this will insure that the next dose will deliver the proper amount of the medication.
- F. Breathe out all the way.
- G. Insert into the mouth and seal lips around mouthpiece.
- H. Start breathing in and as you are inhaling press the canister and continue inhaling for at least 3\5 seconds more.
- I. Exhale slowly and completely.
- J. [Clean your mouth after using the inhaler](#) (To avoid the S/E)
- K. [Ask the patient to do the steps and observe.](#)
- L. [To clean the spacer: Once a month - Warm water - Keep it to dry don't towel dry - Replace it every 6-12 months.](#)

Note: To have a second puff wait at least 1 minute between the two puffs. H. Place the cap back for storage.

- If asthma attack: Use the inhaler 3-5 times - If no improvement and you turned blue with distress come to the **ER!**
- Give Pamphlet.

17- Appointment for follow up (Ask if the patient available at that time).

18- Do you have anything to add? Or ask?

19- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

20- Thank you!

Inflammatory Bowel syndrome

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **HPI.**

- Character
- Aggravating & relieving factors: Food? Defecation?
- Severity (Affecting your daily activity? Affecting your work? Night symptoms?)

5- **Associated symptoms.**



Frequency of bowel movement, urgency or feeling of incomplete evacuation

Character of stool (liquid/solid), Color of stool (**Blood**), Mucus or fat excretion.



Bloating, pain, nausea, vomiting.



Urinary retention (**Cancer**), Urine color (**Jaundice**)



Low mood? Lack of interest? Excessive worries?

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** Chronic Diseases (DM, HTN, IHD, IBS, Celiac disease, cancers).

9- **Medication**

10- **Surgical**

11- **Social:** (Smoking - Alcohol - Stress).

12- **Family Hx:** Similar Symptoms, cancers.

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمي كان عندها كَانسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا أسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15. Counselling:

- According to your symptoms, you might be suffering from IBS which is diagnosed based on clinical symptoms only. IBS is a chronic condition of the large intestine in which the food moves either too slowly or more rapidly.
- Don't worry, this disease doesn't progress to cancer or inflammation.
- IBS criteria: Recurrent abdominal pain or discomfort at least 3 days/month in the last 3 months associated with two or more of the following:

1) Improvement with defecation

2) Onset associated with a change in frequency of stool

3) Onset associated with a change in form (appearance) of stool

- We can do some investigations like FOB (for colorectal ca), inflammatory markers + WBCs (for Celiac and IBD) and Lactose breathing test (Lactose intolerance).
- **Treatment:** many options like learning to manage stress and making changes in your diet and lifestyle, eating diet rich with soluble fibers like Apple and Orange, avoid insoluble fibers like whole grains, drinking more water. Moreover, you can avoid food that causes your symptoms to increase and there might be relieving medications like laxatives , paracetamol for the pain.

16- Appointment for follow up (Ask if the patient available at that time).

17- Do you have anything to add? Or ask?

18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- Thank you!

Gastroesophageal reflux disease (Dyspepsia)

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **HPI.**

- Character
- Aggravating & relieving factors: Food? Defecation?
- Severity (Affecting your daily activity? Affecting your work? Night symptoms?)

5- **Associated symptoms.**



N/V - Vomiting blood - Acid taste - difficulty in swallowing - Frequency of bowel movement, urgency or feeling of incomplete evacuation Character of stool (liquid/solid), Color of stool (**Blood**), Bloating and pain.



Chest pain



Shortness of breath? Cough?

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** Chronic Diseases (DM, HTN, IHD, IBS, Celiac disease, cancers).

9- **Medication**

10- **Surgical**

11- **Social:** (Smoking - Alcohol - Stress).

12- **Family Hx:** Similar Symptoms, cancers.

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمي كان عندها كَانسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشئ).

3- What do you **expect** from this visit?

15- Counselling:

According to your symptoms you most likely have GERD, this is a disease that affect your lower esophageal sphincter (the muscle between the stomach and the esophagus) making the food back. As a result, it causes these symptoms.

With proper management you well have a good outcomes.

[We usually diagnose](#) this disease by a trail of PPI for 8 weeks, if no improvement we move to manometry and PH monitoring. However, to have relief of the symptoms it is better to avoid the triggers (Fast food - Caffeine - Alcohol - Smoking - Spicy food).

16- Appointment for follow up (Ask if the patient available at that time).**17- Do you have anything to add? Or ask?****18- Summarize:** (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)**19- Thank you!**

Angina (Chest pain)

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **HPI.**

- SOCRATES.

5- **Associated symptoms.**



N/V - Vomiting blood - Acid taste - difficulty in swallowing.



Chest pain - Palpitation - Claudication - Edema



Shortness of breath? Cough (with blood?)

Others: Low mood.

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** Chronic Diseases (DM, HTN, IHD, Dyslipidemia, DVT).

9- **Medication**

10- **Surgical**

11- **Social:** (Smoking - Alcohol - Stress).

12- **Family Hx:** Similar Symptoms.

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كَانْسَر وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- **Counselling:** According to your symptoms, you might be suffering from angina and it will be clear to you using some tests like ECG. It is caused by decrease in Oxygen supply to the heart muscle due to narrowed blood vessels. You will be given Aspirin - Nitroglycerin (Sublingual). Moreover, you must have a healthy diet and do light exercise. If your pain is severe and feels like crushing radiating to the left jaw and can't be controlled by nitroglycerin. Immediately come to the ER.

16- **Appointment for follow up** (Ask if the patient available at that time).

17- **Do you have anything to add? Or ask?**

18- **Summarize:** (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- **Thank you!**

UTI - STD

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **HPI.**

- Character
- Aggravating & relieving factors: Food? Defecation?
- Severity (Affecting your daily activity? Affecting your work? Night symptoms?)

5- **Associated symptoms.**

Loin pain, Shivering and feeling cold (Rigors), nausea, vomiting.



- Urine color - Blood - Discharge.
- Storage symptoms: Frequency, urgency, nocturia and urge incontinence.
- Voiding symptoms: Intermittent, incomplete, dysuria, poor flow, retention.
- Others: itching, constipation (Cancer).

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** Chronic Diseases (DM, HTN, **Stones**, cancers).

9- **Medication**

10- **Surgical: Catheter.**

11- **Social:** (Smoking - Alcohol - **Sexual history** (If Yes? 5Ps: Partner? Practice? Prevention? Pregnancy? Previous STD?)).

12- **Family Hx:** Similar Symptoms.

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies) (**Cervical cancer screening**).

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمي كان عندها كاتسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- Counselling:

- According to your symptoms, you might be suffering from urinary tract infection and it will be clear to you using some tests like urinalysis and culture.
- Other tests like Blood glucose, Renal U/S if the treatment failed.
- **No need for CT for now, CT only after 7 days with no improvement.**
- UTIs are very common and are caused by bacteria. The bacteria travel up the irritated urethra. Common irritants are bubble bath and shampoos. Careless wiping after a bowel movement might also cause irritation.
- With treatment, your symptoms should be better by 48 hours after starting the antibiotics.
- The management plan includes antibiotic (Trimethoprim) and Increase fluid intake. To prevent further infections you might want to urinate frequently, increase your fluid intake and wipe from front to back.
- If STD, offer screening for the partner and for other STDs.

16- Appointment for follow up (Ask if the patient available at that time).

17- Do you have anything to add? Or ask?

18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- Thank you!

Headache

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **HPI.**

- Site - Onset - Character - Radiation - Aggravating - Relieving - Timing - Severity.
- Frequency of the headache?

5- **Associated symptoms.**

- 1- Numbness - Weakness - Seizure?
- 2- Meningitis: Stiff neck - N/V?
- 3- Sinusitis: Facial pain - Nasal congestion - SOB.
- 4- Anemia: Palpation.
- 5- TMJ inflammation: Jaw pain - difficulty chewing.
- 6- Migraine: Aura - N/V - Photophobia.
- 7- Tension: Neck muscle tension - at the end of working day - Band like - bilateral?
- 8- Cluster: Tear? Runny nose?
- 9- Psychiatry: Low mood - Excessive worries?



6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** Chronic Diseases (DM, HTN, Migraine or URTIs).

9- **Medication:** NSAIDs? Blood thinners?

10- **Surgical**

11- **Social:** (Smoking - Alcohol - Stress - **Caffeine**).

12- **Family Hx:** Similar Symptoms, cancers.

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كاتسر وماتت لا تسأل السؤال)
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- **Counselling:**

- According to your symptoms they might be headache. Headache is a very common disease and some headache types have symptoms like flashes, teary eyes and runny nose.
- No need for investigations for now, look for the triggers and avoid them.
- Management plan includes pain medication, stress relief and exercise can also help.

16- Appointment for follow up - Do you have anything to add? Or ask? - Summarize - Thank you!

Depression

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- How are you feeling lately?

5- HPI.

- For how long?
- Possible triggers?
- Early morning waking and morning depression?
- Core: low mood, energy, enjoyment, hopeless, worthless, guilty.
- Biological: sleep, appetite, libido.
- Cognitive: poor memory or concentration.
- Psychotic: hallucinations, delusions
- Assess risks: Suicide, self-harm, academic failure, isolation
- Severity: (affecting his life or not).

5- Associated symptoms.

Psychotic depression: hallucinations, delusions, and **mania**.

6- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- Previous Hx of similar symptoms? Admissions?

8- Medical: Chronic Diseases (DM, HTN, Migraine, Obesity, URTIs).

9- Medication: Steroids

10- Surgical

11- Social: (Smoking - Alcohol - Stress - Illicit drugs).

12- Family Hx: Similar Symptoms, cancers, serious illnesses.

13- Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)

14- Allergy.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كاتسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشئ).

3- What do you **expect** from this visit?

15- Counselling:

- According to your symptoms, you most likely have depression. Depression is a common condition that will affect one in three people at some time in their life. Don't worry, depression is treatable and treatment outcome is high.
- We need to do some investigations like: Thyroid function test - CBC.
- Counseling is effective in treating mild to moderate depression (psychotherapy), and is often combined with medication (like SSRI) in more severe cases, which is sometimes known as clinical depression. Exercise and stress avoiding are recommended to help combat the effects of depression.
- SSRIs take time to work.
- No need for referral.

16- Appointment for follow up (Ask if the patient available at that time).

17- Do you have anything to add? Or ask?

18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- Thank you!

Anxiety

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- Do you have a feeling of excessive worry?

5- HPI.

- For how long? Continuous? (6 Months GAD)
- Possible triggers?
- Do you think you can control it without medications?
- Cognitive: poor memory or concentration.
- Biological: Sleep, appetite, libido, palpitation, sweating, headache, pain.
- Core: low mood, energy, enjoyment, hopeless, worthless, guilty.
- Severity: (Affecting his life or not - Academically?).

5- Other DDX.

- Have you ever experienced a life-threatening event?
- Episodes of extreme fear, impending doom?
- Fear of certain objects? Public places? Presentations?
- Do you think you have a serious illness not discovered yet? هل راح لطبيب قبل؟

6- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- Previous Hx of similar symptoms? Admissions?

8- Medical: Chronic Diseases (DM, HTN, Anemia, Bronchial Asthma, Hyperthyroidism).

9- Medication: Steroids - Salbutamol.

10- Surgical

11- Social: (Smoking - Alcohol - Stress - Illicit drugs - Caffeine).

12- Family Hx: Similar Symptoms, serious illnesses, Ask about any stressors at home or work.

13- Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)

14- Allergy.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أمي كان عندها كاتسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا أسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- Counselling:

- According to your symptoms, you most likely have Anxiety. Anxiety is a common condition . Don't worry, Anxiety is treatable and treatment outcome is high.
- We need to do some investigations like: Thyroid function test - CBC.
- Counseling is effective in treating Anxiety (psychotherapy), and is often combined with medication (like SSRI) in more severe cases. Exercise is recommended to help combat the effects of depression.
- SSRIs take time to work.
- No need for referral.

16- Appointment for follow up (Ask if the patient available at that time).**17- Do you have anything to add? Or ask?****18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)****19- Thank you!**

Anemia (Dizziness - Palpitation - Fatigue)

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- Associated symptoms.

- **Anemia:** headache, palpitations, dizziness, fatigue?
- **Blood loss:** Easy bruising? **Bleeding** from gums, nose? Vomiting or coughing up blood? Blood in stool, urine? Menorrhagia?
- **Hemolysis:** jaundice, dark urine, pale stool, gallstones, abdominal pain?
- **Sickle cells:** strokes, SOB, chest pain, bone pains, leg ulcers?
- **Neurological:** numbness\tingling, unsteady gait, confusion, visual problems?
- **Nutrition:** specific diet, avoids certain foods, craving non-nutritional materials (sand, ice)?
- **DDx:** **Hypothyroid** (constipation, cold intolerance, weight gain), **Heart failure** (orthopnea, PND, LL swelling), **Autoimmune** (joint pain\swelling)?

5- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite? **Lymphadenopathy?**)

6- Previous Hx of similar symptoms? Admissions?

8- Medical: Chronic Diseases (GI: Ulcer - Celiac | Liver | Kidney).

9- Medication: NSAIDs, Blood thinners

10- Surgical: Gastric surgery

11- Social: (Smoking - Alcohol - Stress - Illicit drugs - Travel).

12- Family Hx: Similar Symptoms, G6PD, Sickle.

13- Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)

14- Allergy.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كَانْسَر وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- Counselling:

- According to your symptoms, you most likely have depression. Depression is a common condition that will affect one in three people at some time in their life. Don't worry, depression is treatable and treatment outcome is high.
- We need to do some investigations like: Thyroid function test - CBC.
- Counseling is effective in treating mild to moderate depression (psychotherapy), and is often combined with medication (like SSRI) in more severe cases, which is sometimes known as clinical depression. Exercise and stress avoiding are recommended to help combat the effects of depression.
- SSRIs take time to work.
- No need for referral.

16- Appointment for follow up (Ask if the patient available at that time).**17- Do you have anything to add? Or ask?****18- Summarize:** (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)**19- Thank you!**

Osteoporosis

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

5- HPI.

- Have you lost height? (If yes? How many cm.)
- Have you fractured your hip - vertebra - back - shoulder? (If yes? How the fracture occurred)
- **Neurological:** weakness - numbness?
- **Cauda equina:** urinary - bowel incontinence?
- **Psych:** Low mood - excessive worry?

6- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- Previous Hx of Admissions?

8- Medical: Chronic Diseases (RA, Liver, Kidney, Celiac disease, HTN, Thyroid, Parathyroid).

9- Medication: Steroids - Thyroxine.

10- Surgical: Ovarian removal - hysterectomy

11- Social: (Smoking - Alcohol - Stress - Illicit drugs - Exercise - Calcium intake - Vit D - Multi Vit.).

12- Family Hx: Osteoporosis, hip fracture.

13- Pregnancy + GYN hx (**female pt**): (**LMP - Regular? - OCP - Pregnancies**) - **If yes? Irritability - Flushing.**

14- Allergy.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كاتسر وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- Counselling:

- According to your symptoms, you are at risk of having osteoporosis. Osteoporosis is change in the architecture and density of the bone make it more fragile and easily fractured.
- We usually diagnose it by bone density scan, if test turned to be +Ve we start treatment.
- For now, I advise you to do exercise - take Ca - Vit D.

- البيشنت قال أخاف الشمس تغير لوني، قلت انتِ تحتاجين دقائق بس وما يحتاج تكشفين وجهك يكفي اليد.

16- Appointment for follow up (Ask if the patient available at that time).

17- Do you have anything to add? Or ask?

18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- Thank you!

Back pain

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

5- **HPI.**

- SOCRATES (Site ask uni/bilateral - lower/upper) (Severity: Wakes you at night?)

5- **Associated symptoms.**

- Have you fractured your hip - vertebra - back - shoulder? (If yes? How the fracture occurred)
- **Neurological:** weakness - numbness?
- **Cauda equina:** urinary - bowel incontinence?
- **Psych:** Low mood - excessive worry?
- **Ankylosing spondylitis:** morning stiffness, joint pain, blurred vision?
- **UTI:** dysuria, urgency, hematuria?

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** (DM, HTN, Renal disease, Osteoporosis, Infections (TB), Malignancy).

9- **Medication:** Steroids - OCP

10- **Surgical - Trauma**

11- **Social:** (Smoking - Alcohol - Stress - Illicit drugs - Unpasteurized milk (Brucellosis)).

12- **Family Hx:** Similar Symptoms.

13- **Pregnancy + GYN hx** (female pt): (**LMP** - Regular? - OCP - **Pregnancies**)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمي كان عندها كَانسر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- **Counselling:**

- According to your symptoms, you most likely have a benign form of back pain.
- Nothing serious, no need to do investigations for now, we will start with trial of 6 weeks if no improvement we may consider imaging.
- Advise based on the presentation: If Lumbar strain: Maintain normal activity - Self temp care - NSAIDs.

16- **Appointment for follow up** (Ask if the patient available at that time).

17- **Do you have anything to add? Or ask?**

18- **Summarize:** (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- **Thank you!**

Joint pain

- 1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)
- 2- **Personal Hx** (Name - Age - Marital status - Occupation).
- 3- **Chief Complaint** (What? - When? - First visit or referred?)
- 5- **HPI: SOCRATES** (Site ask uni/bilateral - Number of joints involved) (Severity: Wakes you at night?)
- 5- **Associated symptoms.**
 - Have you fractured your hip - vertebra - back - shoulder? (If yes? How the fracture occurred)
 - **Neurological:** weakness - numbness?
 - **Cauda equina:** urinary - bowel incontinence?
 - **Psych:** Low mood - excessive worry?
 - **Ankylosing spondylitis:** morning stiffness, joint pain, blurred vision?
 - **UTI:** dysuria, urgency, hematuria?
 - Erythema - Rash - Nail changes - Muscle pain.
 - **GI symptoms.**
- 6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)
- 7- **Previous Hx of similar symptoms? Admissions?**
- 8- **Medical: Chronic Diseases** (DM, HTN, Renal disease, Osteoporosis, Infections (TB), Malignancy, Psoriasis, SLE, Gout).
- 9- **Medication:** Steroids, Diuretics
- 10- **Surgical - Trauma**
- 11- **Social:** (Smoking - Alcohol - Stress - Illicit drugs - Diet).
- 12- **Family Hx:** Similar Symptoms.
- 13- **Pregnancy + GYN hx** (female pt): (**LMP** - Regular? - OCP - **Pregnancies**)
- 14- **Allergy.**

ICE



- 1- What do you **know** about your symptoms?
- 2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كَانْسِر وماتت لا تسأل السؤال). (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).
- 3- What do you **expect** from this visit?

15- **Counselling:**

- According to your symptoms you most likely have inflammation of your joints, which can lead to pain, stiffness and other symptoms, for the treatment; you should start with non-pharmacological therapy (Wt loss , rest & low exercise with physiotherapy) if no improvement occur we can move to the pharmacological therapy (analgesics, NSAIDS , steroids and DMARDs..)

16- **Appointment for follow up (Ask if the patient available at that time).**

17- **Do you have anything to add? Or ask?**

18- **Summarize:** (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- **Thank you!**

Diabetes mellitus

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **HPI** (If already diagnosed)

- Type of DM
- Duration of DM
- Are you on any medication? If yes? What? (Compliance).
- Self monitoring at home? Last reading? HbA1c (السكر التراكمي)?

5- **Associated symptoms (Complications).**

- Polyuria, polydipsia, polyphagia, skin changes.
- **CVD:** Chest pain - Claudication - Foot ulcer.
- **Neurological:** Numbness - Weakness - Blurred vision.
- **Renal:** Frothy urine - edema.
- **DKA:** Abdominal pain - N/V
- **Hypoglycemia:** Sweating - Palpitation - syncope.

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** (DM - HTN - IHD - Stroke - Renal diseases - Endocrine diseases (Thyroid) - Obesity - Dyslipidemia).

9- **Medication:** Steroids - (Diuretics - Lithium (If polyurea))

10- **Surgical:** Laser

11- **Social:** (Smoking - Alcohol - Stress - exercise).

12- **Family Hx:** Similar Symptoms - HTN - IHD - **DM.**

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كَانَسْر وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشئ).

3- What do you **expect** from this visit?

15- Counselling:

- Foreshadow , pause and break the bad news (for new case)
- Ask about what he knows about the disease & its complications
- Talk about management (lifestyle, Oral hypoglycemic drugs , insulin) & refer him to the specialist.
- **Lifestyle:** [Low animal diet - Low carb - more vegetables - offer referral to dietitian to help.](#)
- **Investigations:** [CBC - MSU - RFT - Lipids profile - Albumin/Creatinine ratio - ECG - 24 h urine collection for proteinuria.](#)
- **Monitor blood sugar at home - Refer to Ophthalmologist - Adequate foot care.**

16- Appointment for follow up (Ask if the patient available at that time).

17- Do you have anything to add? Or ask?

18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- Thank you!

Hypertension

1- **Introduce yourself - Take permission** (I'm ..., Permission, would that be ok with you?)

2- **Personal Hx** (Name - Age - Marital status - Occupation).

3- **Chief Complaint** (What? - When? - First visit or referred?)

4- **How are you feeling lately?**

5- **HPI** (If already diagnosed)

- Duration of HTN
- Are you on any medication? If yes? What? (Compliance).
- Self monitoring at home? Last reading?

5- **Associated symptoms.**

- **CVD:** Chest pain - Claudication.
- **Neurological:** Numbness - Weakness - Blurred vision - Headache.
- **Renal:** Frothy urine - Hematuria - edema.
- Pheochromocytoma: Palpitation - Sweating - Headache - Tremor.
- Obstructive sleep apnea: Fatigue - Sleepy.

6- **Constitutional symptoms:** (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- **Previous Hx of similar symptoms? Admissions?**

8- **Medical: Chronic Diseases** (DM - HTN - IHD - Stroke - Renal diseases - Endocrine diseases - Obesity - Dyslipidemia).

9- **Medication:** Steroids - NSAIDs.

10- **Surgical**

11- **Social:** (Smoking - Alcohol - Stress - exercise - Diet (Sodium - Cholesterol)).

12- **Family Hx:** Similar Symptoms - HTN - IHD - **DM**.

13- **Pregnancy + GYN hx** (female pt): (LMP - Regular? - OCP - Pregnancies)

14- **Allergy.**

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كَانَسْر وماتت لا تسأل السؤال).
(الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالنشي).

3- What do you **expect** from this visit?

15- Counselling:

- Hypertension is a very common disease in our country; it is measured by wrapping an inflatable handcuff around your arm. If hypertension is not controlled there would be long term complications like chronic kidney disease, heart attack, heart failure and stroke.
- However, give up smoking, maintaining the normal body weight, change of diet by reducing sodium intake, undertake regular aerobic exercise(30 Mins most of the week) and medication can control it.
- Tell the patient the BP goal (Depending on the age)
- Self-monitoring (If this is his first visit and slight elevation offer HBPM and explain).
- Investigations: CBC - MSU - RFT - ECG - Lipids profile.

16- Appointment for follow up (Ask if the patient available at that time).**17- Do you have anything to add? Or ask?****18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)****19- Thank you!**

Breaking bad news

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Did anyone come along with you to the clinic? If so, ask about the name and relation.



3. What do you **know** about your current condition?

4. Would **like to know** further information about it?

5. What are you **concerned** about at this moment? Why are you concerned?

6. What do you **expect** to happen with such disease?

7- I am **sorry** to tell you that I came here carrying bad news.

8- **Pause** with appropriate eye contact.

9- **Unfortunately**, your lab results show that you have (Name of the disease)

10- Do you **know** what is (Name of the disease) and its effect?

11- Tell the patient the most appropriate management (drugs, surgery, behavioral therapy)

12- As for now, I will refer you to a specialist for assessment and to discuss your management plan.

13- Fortunately, with the proper management plan you would have a good outcome and relief the symptoms.

- **Do you want me to tell** (the one who came with them?)
- Constitutional symptoms
- Past medical Hx
- Surgical Hx
- Meds
- Social: Married? Children? Occupation? Smoking? Alcohol?
- Pregnancy?
- General physical exam.
- Those points were sent to us as a checklist by Dr. Saad AlSaad.

14- Ask the patient if he has any questions or anything to say.

15- Assures the patient of his/her availability/ follow up

16- Thank the patient.

Smoking

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Associated symptoms.

Chest pain - SOB - Cough - Change in the voice - Palpitation.

4- Medical: Chronic Diseases (DM, HTN, COPD, Cancers).

5- Medication

6- Social: (Smoking - Alcohol - Stress - Illicit drugs).

- Do you smoke?
- For how long have you been smoking? How many packs a day? Specific product?



7- What do you **know** about smoking effect on health?

8- Are you **concerned** about its effect?

9- What are your **expectations** towards quitting smoking?

10- Have you ever thought of quitting smoking? If so, what was the reason?

11- Smoking increases your chance of having lung cancer, CFD, stroke and hypertension. Smoking cessation reduces heart disease and saves money, decreases the discoloration of your teeth, and lips, and your family would appreciate your willingness for quitting smoking.

12- What do you think that might go against your cessation of smoking? "Correct the wrong ideas"

13- Are you willing to quit smoking? "Encourage him"

14- Specify a date with you patient to stop smoking and assess his level of depends and give nicotine patches or gum for craving. Explain other treatment agents "eg: bupropion" and withdrawal symptoms.

15- Arrange follow up appointment, and assign to a smoking cessation program.

13. Do you have any questions or anything to say?

16- Thank the patient.

Obesity

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Associated symptoms.

Chest pain - SOB - Cough - Change in the voice - Palpitation.

4- Medical: Chronic Diseases (DM, HTN, COPD, Cancers).

5- Medication

6- Social: (Smoking - Alcohol - Stress - Illicit drugs).

Can we talk about obesity?

- You are a little bit overweight. However, Obesity is a common disease 30% in SA are obese.
- Being common doesn't mean being healthy.
 - So I think we need to change this but do you **know** why?(Lit they answer)
 - So, yes excess body weight or obesity is associated with a lot of problems: CVD, HTN, DM and stroke.
 - Are you **concerned** about its effect?
 - What are your **expectations** towards losing weight?



7- Have you ever attempted to lose weight? Why? What was the result?

8- How much weight do you expect to lose? And what is the effect of it on your health?

9- For your weight loss target: It's best that you lose around 10 of your weight in the next 6 months, after you maintain your weight, this loss will reduce the risk of getting those diseases we talked about earlier.

10- Are you willing to lose weight?

11- What do you think might go against your weight loss program?

12- Ok, so the best way to do this is to get you doing regular exercises, and you have to do this regularly, doing regular exercises will make you lose weight, increase muscle mass, and improve your health overall. To Start off: I would like you to do exercises 3 - 5 days a week (Walking, Light Cycling) 30 - 60 mins. As far as your diet, you have to do a few changes. The basic principle is that you have to burn more than you take in by food. To do that, I want you to reduce your daily calorie intake by around 500 - 700 calorie by doing this you are looking at losing almost 1Kg every week, at least at the beginning. Of course you have to stay away from fast/junk food, sweets, fried foods, and high carb food. You should try to replace those with fruits/ vegetables, foods that are high in fiber/ fish. Those foods will make you full without giving you too much calories.

13- Do you think it is difficult? (If yes - Start gradually).

12. I can refer you to a **dietitian**, if you think that might help. The most important thing is for you lose weight.

14. I'm also going to give you a few **pamphlets** that have specific diet regimens that might help.

15- Arrange follow up appointment, and assign to a smoking cessation program.

13. Do you have any questions or anything to say?

16- Thank the patient.

Breast feeding

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Occupation).

3- What brought here today?

4- Social History:

- What do you do for living?
- What does your husband do for living?
- Do you smoke or live around someone who smokes? Do you drink alcohol?

5- Do you have any difficulty with breastfeeding?

6- What is your baby feeding on currently?

7- How's your baby's general health? What about yours?

8- Did you have any complications during pregnancy?

9- Have you ever tried breastfeeding before?



10- Do you **know** the importance of breastfeeding?

11- Do you have any **concerns** regarding breastfeeding?

12- What do you **expect** to happen if you start breastfeeding?

13- Benefits of breastfeeding:

- It reduces allergies, diabetes, obesity, celiac disease childhood leukemia and infections. As for the mother, it reduces breast cancer, ovarian cancer, and osteoporosis. It also enhances mother\ baby bonding.

14- Risks of milk formula:

- Prone to infections, gastrointestinal problems, allergies, lower IQ, chronic diseases like HTN, DM and mortality.

15- Are you willing to breastfeed your baby? For how long?

16- What do you think might go against breastfeeding your baby?

17- Techniques of breastfeeding:

- A. The mother has to sit comfortably supporting her back and supports the baby's head, neck and back during breastfeeding.
- B. The Baby's mouth should be covering the areola, at start of feeding, compress the nipple and areola between your thumb and index finger to help the baby's suckling.
- C. During the first 2 weeks, feed on demand.
- D. Alternate each breast you start with each time. No more than 5 hours should pass without feeding.
- E. Clean sore nipples with water and use nursing pads.

18- Appointment for follow up (Ask if the patient available at that time).

19- I'm also going to give you a few pamphlets that have specific information about breastfeeding so you can read more about it.

20- Do you have anything to add? Or ask?

21- Thank you!

Causes of low or no milk: DM - Breast surgery - Medications(OCP) - Hormonal or endocrine problems

Preconception counseling

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Occupation).

3- Chief Complaint (What? - When?)

5- HPI.

- Menarche?
- Period and regularity of the menstrual cycle?
- Last menstrual period?
- Hx of pregnancy? Any complications?
- How many deliveries? (Normal delivery? C-section?)
- Hx abortions?
- How many children? General health of the children?

5- Associated symptoms.

Burning urination - SOB. (Cardiac - Respiratory - Urinary symptoms)

6- Constitutional symptoms: (Fever, Fatigue, Night sweats? Weight changes? Appetite?)

7- Previous Hx of similar symptoms? Admissions?

8- Medical: Chronic Diseases (DM, HTN, heart diseases, STDs).

9- Medication: Steroids - Herbal meds.

10- Surgical

11- Social: (Smoking - Alcohol - Stress - Illicit drugs - Diet - Blood type - Extramarital relationship).

12- Family Hx: Abortions - Inherited diseases.

13- Pregnancy + GYN hx (female pt): (LMP - Regular? - OCP - Pregnancies)

14- Allergy.

ICE



1- What do you **know** about your symptoms?

2- What are you **concerned** about? (إذا قال مثلاً أُمِّي كان عندها كَانَسْر وماتت لا تسأل السؤال) (الثاني مباشرة خلك حزين شوي وقل أنا آسف إني سمعت هالشي).

3- What do you **expect** from this visit?

15- Counselling:

- Investigations: BP - BMI - FPG - Lipid profile - Urine sample - U/S - Pap smear for cervical cancer (If STDs).
- Vaccines: MMR - Rubella - Influenza.
- Supplement: Iron - Vit D - Ca - Folic Acid.

16- Appointment for follow up (Ask if the patient available at that time).

17- Do you have anything to add? Or ask?

18- Summarize: (Age - Gender - Chronic diseases - CC - Imp. Negatives - Management)

19- Thank you! - جمعت الهمستوري هذا من أكثر من مصدر ما اعرف لو ناقص.

Domestic violence :(

1- Introduce yourself - Take permission (I'm ..., Permission, would that be ok with you?)

2- Personal Hx (Name - Age - Marital status - Occupation).

3- Chief Complaint (What? - When? - First visit or referred?)

4- Violence is very common. We started asking everyone about it.

5- Married couples may disagree. How do you solve your conflicts at home?

6- Have you ever been abused by your partner or someone important to you?

- If yes? I'm sorry that's happening to you. No one deserve to be harmed.
- This must be difficult to say.
- You are not alone, we can take care of your health and support you through this problem.

7- HITS:

- How often does your partner **hurt** you?
- How often does your partner **insult** you?
- How often does your partner **threatens** you?
- How often does your partner **scream** at you?
- Score each question:
 - Never = 1, Rarely = 2, Sometimes = 3, Fairly Often = 4, and Frequently = 5
 - Add up the scores: 10 or higher = domestic violence

8- Is it under the influence of drugs or alcohol?

9- About your partner:

- Education level
- Employment
- Financial problems
- History of destruction or abuse for other objects or people.
- Weapons at home?

9- Do you have any: Low mood - lack of interest - death wishes?

9- Medical: Chronic Diseases (DM, HTN, Depression).

10- Medication

11- Social: (Smoking - Alcohol - Stress - Illicit drugs).

12- When your husband home, be away from the kitchen and the places of harmful objects.

13 Do you have a safety plan? If no - Discuss with her preparing a bag with clothes and money.

14- I assure you nothing will be disclosed to anyone (privacy).

15- Do you want me to tell the police? Social worker? Psychiatrist?

16- You can call 1919 for help at anytime.

17- Appointment for follow up (Ask if the patient available at that time).

18- Do you have anything to add? Or ask?

19- Thank you!