

HISTROY TAKING

Dr. Ayedh Al- Ghamdi.
Psychosomatic Medicine Consultant.
Psychosomatic Medicine Unit, Department of Psychiatry
King Saud University Medical City

AIMS OF THE INTERVIEW:

- **Obtain the necessary information to make a diagnosis .**
- **Understand the person with the illness.**
- **Understand the circumstances of the patient .**
- **Build a therapeutic alliance (rapport).**
- **Provide the patient with information about the illness , recommendation and prognosis .**

INTERVIEW OPENING (GENERAL ADVICE):

- **Put patient at ease .**
- **Introduce yourself and Greet the patient by name**
- **Reassure privacy and confidentiality, separate room.**
- **Suitable distance (e.g. with geriatric ,with aggressive pt.)**
- **Be supportive, attentive, non judgmental and encouraging.**

INTERVIEW OPENING (GENERAL ADVICES):

- Explain about yourself ,the purpose of interview and expected time needed .
- Observe the patient's nonverbal behavior and Avoid excessive note-taking
- With whom you will start (pt. or his relative).
- Why he come with a relative ? (psychosis Vs. neurosis)
- Start with open ended questions .

<p>- Identification data :- (name, age, nationality, sex, marital, education, job, residency)</p> <p>- Chief complaint *كلام المريض</p> <p>- Source of information</p> <p>- Reliability</p>	<p>FAMILY HISTORY :-</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Parents (age ,consanguinity, illness) <input checked="" type="checkbox"/> Sibling (age, illness, order of Pt.) <input checked="" type="checkbox"/> +ve Hx of (psych , drug , homicide , suicide) <p>Do not forget relation bet. Themselves & bet. Pt</p>	<p>M.S.E</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Appearance & behavior <input checked="" type="checkbox"/> Mood (subjective & obj.) <input checked="" type="checkbox"/> Thought (suicidal , homicidal , overvalued , delusion , obsession .. etc.) <input checked="" type="checkbox"/> Perception <input checked="" type="checkbox"/> Cog. function (if impaired do MMSE) <input checked="" type="checkbox"/> Insight & judgment
<p>H.P.I :-</p> <ul style="list-style-type: none"> ✓ Dissect symptoms (onset , severity ,course) ✓ Chick main illness ✓ Precipitating & reliving F. ✓ Chick for function ✓ Any medical intervention (seek medical advice , Mx) ✓ Don't forget S.O.A.P <ul style="list-style-type: none"> S- suicidal & homicidal O- organicity A- addiction P- psychosis 	<p>PERSONAL & SOCIAL HX :-</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Childhood (preg. Development) <input checked="" type="checkbox"/> Schooling (age, level ,performance , relations ,misconduct) <input checked="" type="checkbox"/> Marital (age, consanguinity, children, relation past & current) <input checked="" type="checkbox"/> Occupation (age, duration , relation , performance) <input checked="" type="checkbox"/> Forensic (arrest, prison & why) <input checked="" type="checkbox"/> Social (living situation, financial stat , support) <p>Don't forget detail & reason of any (stop of school ,change or quit of job , divorce & other wife's)</p>	<p>SUMMARY & FORMULATION</p> <ul style="list-style-type: none"> ✓ Current Sx ✓ Precipitating F. ✓ Brief past psych. Hx ✓ Predisposing F. (biopsychosocial) ✓ Safety ✓ Imp. Point in Tx.
<p>PAST HISTORY :-</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Psychiatric.:- previous episode(reason) , f/u, admission (number, duration) & Mx (What, dose, response ,S/E) <input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Surgical <p>Don't forget (head trauma, epilepsy, thyroid, and Sys. Review)</p>	<p>PRE-MORBID PERSONALITY</p> <ul style="list-style-type: none"> ✓ How described by other? ✓ Prevailing mood ✓ Social skill ✓ Hopes ✓ ?impulsivity ✓ coping 	<p>DDx & Mx:</p> <p>Bio Psychosocial in assessment & treatment</p> <p>Short & long term Tx</p> <p>Be specific ((e.g. I'll start pt on Risperdal 2mg NOT I'll star pt on atypical antipsychotic.))</p> <p>Education of pt & family</p>

STRUCTURE OF HISTORY :

Identification of the Patient:

Name, age, sex, marital status, occupation, education, nationality, residency .

Referral Source:

Brief statement of how the patient came to the clinic and the expectations of the consultation.

Chief complaint:

Exactly why the patient came to the psychiatrist, preferably in the patient's own words .

STRUCTURE OF HISTORY :

HPI:

- Nature of the symptoms , onset, course, severity, duration, effects on the patient (social life, job, family).
- review of the relevant problems,
- symptoms not mentioned by the patient (e.g. sleep, appetite, ...),
- treatment taken so far (nature and effect).
- Important –ve (e.g. history of mania in depressed patient)
- **Suicide ,homicide, substance abuse.**

STRUCTURE OF HISTORY :

Past psychiatric history(admissions, depot injections ,drug level . .etc)

Past medical history .

Family history .

Personal history.

Forensic history .

Premorbid personality.

Structure of history :

Premorbid personality :

- Prevailing mood and emotions.
- Interpersonal relationships
- Moral and religious attitudes and standards.
- Reaction to stress (ability to tolerate frustration, pattern of coping strategies).
- Personal interests, habits, hobbies and leisure activities.

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INTERVIEW SKILLS :

- Transition .
- Obstructive technique .
- Facilitation technique :
- Clarification
- Empathy .

AAYEDH@KSU.EDU.SA

Thank you