



# Topic II

## Health history interviewing/taking

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# OBJECTIVES OF THE LESSON

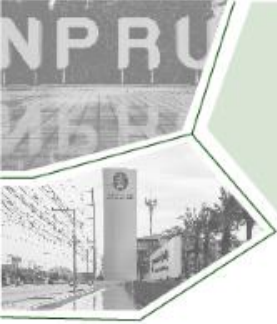
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**After completing this lesson, the students will be able to:**

1. Describe why a systematic approach to history taking is required.
2. Discuss how to prepare patient history taking.
3. Identify the eight (8) domains of health history requirements obtained from patient history taking.
4. Demonstrate patient history taking.





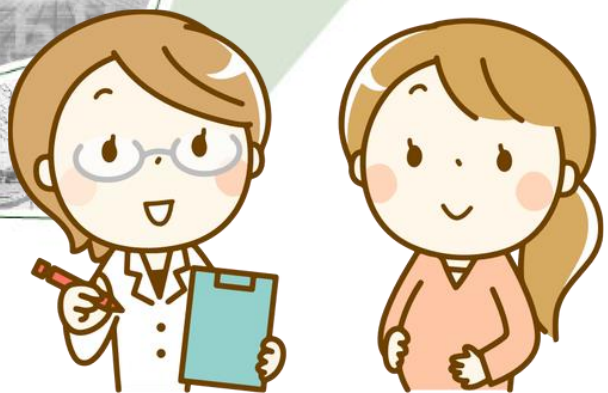
# What is History Taking?

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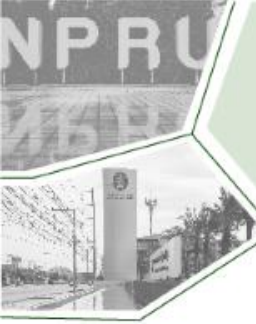
- Asking questions of patients to obtain information and aid diagnosis.
- Gathering both objective and subjective data for the purpose of generating differential diagnoses, evaluating progress following a specific treatment/procedure and evaluating change in the patient's condition or the impact of a specific disease process.





# Why a Systematic Approach to History Taking is Required

- The value of the patient history will depend on the ability to elicit relevant information.
- You are already in possession of the tools that will enable you to obtain a good history.
- An ability to listen and ask common-sense questions that help define the nature of a particular problem.
- Successful interviewing is for the most part dependent upon your already well developed communication skills.



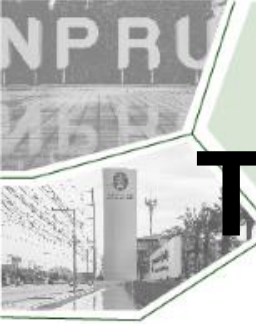
# KEY PRINCIPLES OF PATIENT ASSESSMENT<sub>1</sub>

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- It is estimated that 80% of diagnoses are based on history taking alone.
- Use a systematic approach.
- Establish a rapport with the patient.
- Ensure the patient is as comfortable as possible.
- Listen to what the patient says.





# The eight (8) domains of health history

1. Initial data or data base
2. Chief complaint
3. Present Illness
4. Systemic review
5. Past illness or Past history
6. Personal history
7. Family history
8. History of illness in the neighborhood








# 1. INITIAL DATA OR DATA BASE

It is also called ***biographical data***. It is helpful to review patient's health record such as:

- Patient's name (What's your name?)
  - Gender
  - Age/Birthday/Birthplace (e.g., When is your birthday and birthplace?)
  - Marital status (e.g., single, married, divorced, widowed)
  - Religion (e.g., Buddhist, Islam, Christian, Roman Catholic)
  - Educational background (undergraduate, graduate, post-graduate)
  - Occupation (What is your work and where)
  - Residence address (Where do you live?)
  - Contact in case of emergency (Who is the responsible person in case of emergency?)
- 



## 2. CHIEF COMPLAINT (CC.)


- **Initial Question(s):**

What brings you here?

How can I help you?

What seems to be the problem?

..... Push patient to be as descriptive as possible.....

- **Writing CC.** with one sentence that covers the most important reason(s) and duration of the problems. (**as stated or verbalized by the patient**)
- 





### **3. PRESENT ILLNESS (PI.)...<sub>1</sub>**

**Follow the questions to find out all the details of the patient's problems:**

#### **1. Duration:**

How long has this condition lasted?

Is it similar to the past problem? If so, what was done during that time?

#### **2. Severity/Character:**

How bothersome is this problem?

Does it interfere with your daily activities? Does it keep you up at night?





## **3. PRESENT ILLNESS (PI) ....<sub>2</sub>**

- **Follow-up Questions:**

### **3. Location/Radiation:**

Does the symptom/s (e.g. pain) stay in a specific area?

Has this changed over time? If the symptom is not focal, does it radiate to a specific area of the body?

### **4. Alternative Treatment/s**

Have they tried any therapeutic maneuvers?

If so, what's made it better (or worse)?





### **3. PRESENT ILLNESS (PI) ....3**

- **Follow-up Questions:**


#### **5. Pace of illness:**

Does the problem gets better, worse, or stays the same?

If it is changing, what was the frequency?

#### **6. Are there any associated symptoms?**

Often times, the patient notices other unusualities that have popped up around at the same time as the main problem. These tend to be interrelated.





## **3. PRESENT ILLNESS (PI) ....4**


- **Follow-up Questions:**

**7. What does the patient think about the problem or what made them worried about?**

### **8. Why today?**

Is there something new/different today unlike every other day when this problem has been present?

Does this relate to a gradual worsening of the symptom/s itself?



# THE 8 DIMENSIONS OF MEDICAL PROBLEM

Chief complaint/s and present illnesses (PI) can be easily recalled using **OLD CARTS**.

## OLD CARTS

Onset,      Location/radiation,      Duration  
Character,   Aggravating factors  
Relieving factors,   Timing                      Severity

Goldberg C., (2018). Practical Guide to Clinical Medicine.  
Available from <https://meded.ucsd.edu/clinicalmed/history.html>

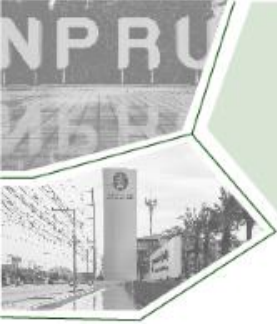
## 4. PAST HISTORY (PH)...<sub>1</sub>



### Medical History

- Have you ever received any medical care?
- If so, what problems/issues were addressed?
- Was there a continuous care given (i.e. provided on a regular basis by a single person) or episodic?
- Have you ever undergone any diagnostic procedures, X-Rays, CT scans, MRIs or other special test/s?
- Have you ever been hospitalized? If so, for what reason/s?

**Medications:** Have you taken any prescribed medicines? If so, what is the dose and frequency? Do you know the reason/s why you are being treated?



## 4. PAST HISTORY (PH)...<sub>2</sub>

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- **Past Surgical History:**

Has the patient undergone any current operation, even at childhood?

When was it?

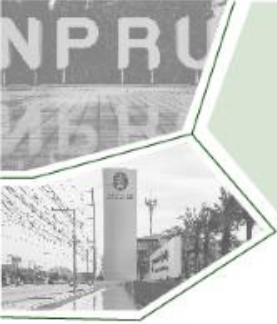
Was there any complication/s?

( If the patient doesn't know the name of the operation, try to at least determine why it was performed. Encourage them to be as specific as possible.)

- **Allergies/Reactions:**

Did the patient experienced any adverse reaction/s to medication/s?





## 5. PERSONAL HISTORY (PEH)

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- **Smoking History:**

Does the patient smoke cigarettes? If so, how many packs per day and for how long? If they quit, when did this occur?

- **Alcohol:**


Does the patient drink alcohol? If so, how many bottle or glass per day and what type of drink?

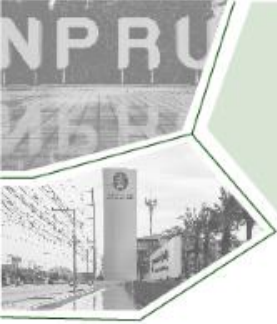
- **Obstetric and Gynecology (if applicable):** History of pregnancy? If so, how many times? What was the outcome of each pregnancy (e.g. full term delivery; spontaneous abortion; therapeutic abortion)?





## 6. FAMILY HISTORY (FH.)

- In USA, coronary artery disease, diabetes and certain malignancies are the most common.
  - In Thailand, coronary artery disease, diabetes, hypertension and asthma are among the major health concerns.
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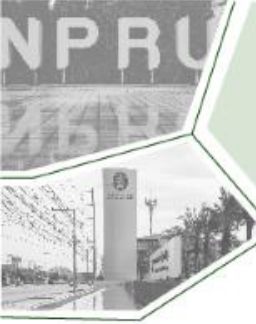
## 7. REVIEW OF SYSTEMS (ROS.)

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- The review of systems (or symptoms) is a list of questions, arranged by organ system, from head-to-toe and is used by health care providers designed to identify body dysfunction/s or diseases.
- The questions being asked reflects an array of common and important clinical conditions.
- The disorders would go unrecognized if the patient's bodily systems is not properly assessed.





## 8. HISTORY OF ILLNESS IN THE NEIGHBORHOOD

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What are the current health problems of the people around the vicinity?:

- Colleagues at work
- Neighbors

What kind of disease or illness are do they experience (e.g., TB, measles, chicken pox, DHF, Covid-19, etc.)?

How are they treated? (e.g., herbal treatment & medical treatment)



# CONCLUSION



- A large percentage of the time, you will actually be able to make a diagnosis based on the history alone.
- The eight (8) dimensions of medical problem can be easily recalled using the mnemonics **OLD CARTS**:

Onset,

Location or radiation,

Duration, **C**haracter,

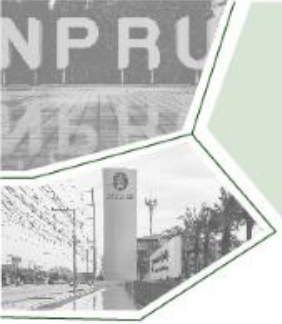
**A**ggravating factors,

**R**elieving factors,

**T**iming and

**S**everity

- Patient history taking that aids in the diagnosis of diseases comprised of CC., PI., Past H., Personal H., FH., ROS. and history of illnesses in the neighborhood.



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# Thank You!

