47 Taking a history 1

A A full case history

A full case history covers:

- **personal details**
- **presenting complaint**
- **past medical history (PMH)**
- **drug history** (see Unit 48)
- **family history** (see Unit 48)
- **social and personal history** (see Unit 48)
- **patient ideas, concerns and expectations** (see Unit 49)
- **review of systems** (see Unit 49).

B Personal details

Normally, patients' personal details have been entered in their records by a nurse or administrative staff before a doctor sees them. However, on later consultations a doctor may wish to check details such as address, date of birth, occupation or marital status.

To find out or to check a patient's occupation, doctors ask:

Do you work?
What do you do for a living?

Patients may respond:

No, **I'm unemployed.**
I'm **out of work.**

No, **I'm retired.**
I'm a pensioner.

Yes, **I work for** a bank.
I work in a factory.

To find out or to check a patient's marital status, doctors ask:

Do you have a partner?

Patients may respond:

No, **I'm** **single.** **separated.** **divorced.**

Yes, I'm **married.**

I **live with** my **partner.** **spouse.** **husband.** **wife.**

No, **I'm a** **widow.** **widower.** **divorced.**

My spouse **passed away** last year.

Note: A **spouse** can be a wife or husband. A **widow** is a woman whose husband is no longer living; a **widower** is a man whose wife is no longer living. To avoid saying someone is dead, patients may say that person has **passed away**.

C Talking about pain

Case notes are kept for each consultation. The Presenting Complaint section of case notes records the patient's symptoms. For example:

R. sided temporal headache,
severe, throbbing.
Lasts 24-48 hrs.

In this case, the patient complains of a headache. For a list of the questions the doctor asked this patient, and for patients' descriptions of other kinds of pain, see Appendix IV on page 144.

47.1 Study the case notes. Write the questions the doctor asked to obtain the numbered information. Look at Appendix IV on page 144 to help you.

SURNAME Oates		FIRST NAMES Allison
ADDRESS Acredales, Bridgethorpe		
D.O.B. 30/4/79	SEX F	MARITAL STATUS married(1)
OCCUPATION bank clerk(2)		
Presenting complaint c/o severe headache, boring in nature(3), mainly in and around R eye(4). Can radiate to forehead(5). Comes on at any time(6) and can vary in duration 1–2hrs(7). No precipitating(8) or relieving(9) factors. Has noticed haloes around lights with some blurry vision in R eye and vomiting(10).		

47.2 Read the continuation of the case notes for the patient in C opposite. Write the doctor's questions. Look at Appendix IV on page 144 to help you.

PMH similar headaches 10 yrs, coming every 3 mths. Often premenstrual. Aggravated by eating chocolate; relieved by lying in dark room. Can have visual aura, blurred vision, nausea + s.t.s vomiting.

Doctor: Can you tell me what the problem is?
Patient: I've got a terrible headache.
Doctor: (1) ..... ?
Patient: Just here.
Doctor: (2) ..... ?
Patient: Well, it's really bad. And it throbs.
Doctor: Have you had anything like this before?
Patient: Yes, about every three months. I've had them for the last ten years or so.
Doctor: (3) ..... ?
Patient: Usually one or two days. This one started yesterday morning.
Doctor: (4) ..... ?
Patient: They usually start just before my period. Sometimes if I eat chocolate. I'm not sure.
Doctor: (5) ..... ?
Patient: If I lie down in a dark room it helps. Light makes them worse.
Doctor (6) ..... ?
Patient: If I move my head, it gets more painful.
Doctor: Apart from the headache, (7) ..... ?
Patient: Yes, my eye feels strange. Sometimes I can't see clearly, things get blurred. I feel sick and sometimes I am sick.

47.3 Complete the sentences. Look at Appendix IV on page 144 to help you.

1 Gastric ulcers are associated with a ....., ... pain.
2 Cystitis causes ....., ... pain on passing urine.
3 Patients with a peptic ulcer may say they have a ....., ... pain.
4 Recurrent abdominal pain (RAP) may be described as ..... or ..... .
5 Migraine is often described as a ..... pain.
6 People with osteoarthritis often complain of a deep ..... centred in the joint.
7 Kidney stone pain is sudden, severe and ..... .
8 Angina is usually described as a crushing or heavy or ..... pain.

Over to you

Choose at least three common conditions and make a note of how patients would describe the pain in English.

48 Taking a history 2

A Drug history

Here is an extract from a medical textbook.

> It is essential to obtain full details of all the **drugs** and **medications** taken by the patient. Not infrequently patients forget to mention, or forget the name of, drugs they take. Some may be **over-the-counter remedies** unknown to the general practitioner. The significance of others, such as **herbal remedies** or **laxatives**, may not be appreciated by the patient.
>
> It is necessary to determine the precise identity of the drug, the **dose** used, the **frequency of administration** and the patient's **compliance** or lack of it.
>
> It is important to ask about known drug **allergies** or suspected **drug reactions** and to record the information on the front of the notes to be obvious to any doctor seeing the patient. *Failure to ask the question or to record the answer properly may be lethal.*

To find out about drug history, doctors ask:

Details of drugs and medications

- Are you taking any medication at the moment?
- Which tablet do you take?
- Do you use any over-the-counter remedies or herbal or homeopathic medicines?

Frequency of administration

- How many times a day?

Compliance

- Do you always remember to take it?

Side-effects and allergies

- Do you get any side effects?
- Do you know if you are allergic to any drug?

If the answer is Yes: What symptoms do you get after taking it?

B Family history

Note the age, health or **cause of death** of parents, **siblings** (brothers and sisters), **spouse** (husband or wife), and children. To find out about family history, doctors ask:

- Do you have any brothers and sisters?
- Do you have any children?
- Are all your close relatives alive?
- Are your parents alive and well?
- Is anyone taking regular medication?
- How old was he when he died?
- Do you know the cause of death? / What did he die of?
- Does anyone in your family have a serious illness?

C Social and personal history

Record the relevant information about **occupation**, **housing** and **personal habits** including **recreation**, physical exercise, alcohol and tobacco and, in the case of children, about school and family relationships. Typical questions in taking a social and personal history are:

- What kind of house do you live in?
- Do you live alone?
- Who shares your home with you?
- How old are your children?
- Are any of them at nursery or school?
- What's your occupation?
- Do you have any problems at work?
- Do you have any financial problems?
- Do you have any hobbies or interests?
- What about exercise?
- Do you smoke?
- How many a day?
- Have you tried giving up?
- What about alcohol?
- Wine, beer or spirits?
- Can you give up alcohol when you want?
- How much do you drink in a week?
- What's the most you would drink in a week?
- Are you aware of any difference in your alcohol consumption over the past five years?

48.1 Complete the sentences. Look at A, B and C opposite to help you.

1 Pharmacies sell a wide variety of _____ remedies as well as dispensing prescriptions from physicians.
2 The _____ is the quantity of the medication to be taken at any one time.
3 A drug _____ is hypersensitivity to a particular drug.
4 A _____ is a medication prepared from plants, especially a traditional remedy.
5 Your brothers and your sisters are your _____ .
6 _____ is what you do for physical or mental stimulus outside work.
7 _____ can take many forms: apartments, single rooms, houses, hostels.
8 The patient's _____ to drug treatment, his willingness or ability to take the right dose at the right time and frequency, is essential.

48.2 Write the doctor's questions. Look at B opposite to help you.

Doctor: (1) _____ ?
Patient: My father died twenty years ago but my mother is in good health still. She's seventy now.
Doctor: (2) _____ ?
Patient: I was still at school. He was forty-one.
Doctor: (3) _____ ?
Patient: He had a heart attack.
Doctor: (4) _____ ?
Patient: I've got a sister of forty-five and a brother who's thirty-six.
Doctor: (5) _____ ?
Patient: No, I had an elder brother but he died in his forties. He was forty-two.
Doctor: (6) _____ ?
Patient: Like my father, a heart attack.
Doctor: (7) _____ ?
Patient: Not that I know of.
Doctor: (8) As far as you know _____ ?
Patient: Apart from me, no.
Doctor: (9) _____ ?
Patient: Yes, a boy and a girl. He's fourteen and she's twelve.

48.3 Study the social history of Mr Black. Write the questions the doctor asked to obtain the numbered information. Look at C opposite to help you.

Social history: Mr G. Black

Home – Lives in a detached house with a large garden(1).

Family – Four children: two girls aged 3 and 4, two boys aged 6 and 8. All are being taught at home by his wife(2).

Occupation – Manager of a DIY warehouse. Stressful job involving dealing with frequent staff problems and meeting monthly sales targets. Large mortgage(3).

Personal interests – Has little time for exercise or interests outside work(4).

Habits – Presently smoking 20 per day(5). Has tried nicotine patches without success(6). Average alcohol intake 3 units per day at weekends(7). No problem with alcohol withdrawal(8).

Over to you

Write a social history of a patient you know. Make a note of the questions you would ask to obtain the information.

49 Taking a history 3

A Reviewing the systems

Once you know the main reason why the patient wants medical attention, it is sensible to ask about the systems to determine the patient's general state of health and to check for any additional problems. The patient should be encouraged to describe symptoms spontaneously. Initial questions should be **open-ended** and as general as possible. Follow up with more specific questions if needed, but avoid putting words in the patient's mouth.

Open-ended questions	Closed questions
What's your appetite like?	Have you eaten today?
How's your vision?	Is your vision ever blurry?

B Asking about the central nervous system

1 **Do you suffer from headaches?**
2 **Have you ever had a blackout?**
3 **What about fits?**
4 **Have you had any dizziness?**
5 **Do you get ringing in the ears?**
6 **Have you ever experienced any numbness or tingling in your hands or feet?**
7 **Do you have any problems sleeping?**

C Patient ideas, concerns and expectations

It is important during the consultation to give patients the chance to express their own ideas and concerns about their problem and to determine what their expectations are. The letters **ICE** (Ideas, Concerns and Expectations) are a way of remembering this. Typical questions are:

Ideas

- **What do you know about this problem/condition/illness?**
- **Do you have any ideas about this?**
- **How do you think you got this problem?**
- **What do you mean by ...?**

Concerns

- **What are your worries about this?**
- **Do you have any concerns?**
- **How might this affect the rest of your family?**

Expectations

- **What do you think will happen?**
- **What do you expect from me?**
- **What were you hoping we could do for you?**

D Phrasal verbs in history-taking

Phrasal verbs are often used in informal spoken English. Both patients and doctors may use them in consultations. A phrasal verb may have several meanings according to context.

Phrasal verb	Example	Meaning
bring on	Is there anything special that **brings on** the pain?	cause, induce
bring up	When you cough, do you **bring up** any phlegm?	expectorate, vomit
carry on	**Carry on** taking the painkillers for another week.	continue
come on	When does the pain **come on**?	commence
give up	My advice is to **give up** smoking.	stop
put on	I've **put on** a lot of weight in the last month or so.	gain weight
turn out	She had all the tests and it **turned out** to be cancer.	happen in the end
turn up	The rash just **turned up** out of nowhere.	appear unexpectedly

49.1 Match the numbered questions (1–7) in B opposite to the symptoms for the central nervous system (a–f). There are two questions for one of the symptoms.

a headaches
b hearing symptoms
c faints
d tingling (paraesthesiae)
e fits
f sleep patterns

49.2 Read the extract from a consultation. In the numbered questions (1–4), is the doctor encouraging the patient to talk about her ideas (I), her concerns (C) or her expectations (E)? Look at C opposite to help you.

Patient: I'm a bit concerned about my colic. I had a friend with something similar and it turned out to be more serious. It's got me worried.
Doctor: (1) What do you mean by colic?
Patient: A pain in the stomach.
Doctor: (2) What do you think might have brought this on?
Patient: It just seemed to come on. I don't know what it is.
Doctor: You said you were a bit worried because your friend had a similar problem. (3) What are your worries about this?
Patient: Yes, I had a friend. She turned out to have stomach cancer. She actually died in the end.
Doctor: (4) What were you hoping I could do for you today?
Patient: I just want to know that I don't have anything too serious.

49.3 Complete the sentences with phrasal verbs. Look at D opposite to help you.

1 The headaches ..... in the morning.
2 However much I eat, I don't seem to ..... any weight.
3 I've tried to ..... smoking several times.
4 I'm so depressed I don't feel I can ..... .
5 When I cough, I ..... phlegm.
6 He thought he had stomach ache but it ..... to be cancer.

Over to you

Write your own questions about the alimentary system using the checklist. Look at B opposite to help you. Look at Unit 20 if you need more help.

Condition of mouth
Difficulty with swallowing (dysphagia)
Indigestion
Heartburn
Abdominal pain
Weight loss
Change in bowel habit
Colour of motion (e.g. pale, dark, black, fresh blood)