

OBTAINING THE HEALTH HISTORY



Systematic Approach

- **Reliable**
 - decreases chance of oversight / omission of pertinent data
- **Economical - saves time**
- **Standard chart form**
 - eliminates extensive writing
 - organization, information in same location
 - time-saving when learning format
 - increases efficiency, decreases patient interview time, decreases patient anxiety

Components of the Health History (6 components)

- **1. Biographical information**
 - demographics
 - done at first visit, update periodically
 - brief overview of:
 - physical, psychosocial, & environmental data
 - patient registration form
 - may be mailed to patient ahead of time or completed at first visit

Health History

- **2. Chief Complaint - CC**
 - concise description of reason for visit
 - recorded in patient’s exact words, in quotation marks
 - use open-ended questions - “what brings you to the office today?”
 - duration of problem

Health History

- **3. Hx of present illness - HPI, present illness - PI**
 - describes progression of CC from start to present (chronological)
 - onset, duration, location, quality, quantity, precipitating & alleviating factors
 - “tell me about CC, describe how the CC began & what has happened since”

PQRST MODEL

- Used to fully describe each physical symptom:
 - **P** provocative : what causes symptom?
palliative: what makes it better?
 - **Q** quality / quantity: does CC seem to be getting better, worse, staying the same?
 - **R** region: where is CC, does it radiate?
 - **S** severity scale: how bad is it? Scale of 1-10.
 - **T** timing: did CC begin suddenly or gradually, how long has it persisted?

Health History

- **4. Past Medical Hx - PMI**
 - previous health problems:
 - childhood diseases, infectious diseases, surgeries, accidents, injuries, hospitalization
 - allergies - medications, foods, environmental
 - habits - “tell me about your ETOH use”
 - medications: Rx, over-the-counter - OTC, herbal remedies
 - sexual history

Health History

- **5. Family Hx**
 - identify familial patterns:
 - heart disease, CA
 - maternal grandparents
 - paternal grandparents
 - siblings
 - family tree format may be used

Health History

- **6. Review of Systems - ROS**
 - head to toe progression
 - standardized check list (WNL)
 - identifies health history strengths (BSE)
 - identifies health history concerns (smoking)
 - identifies problems not revealed in Hx
 - activities of daily living (ADL's)

Let's practice obtaining health histories....


