## History taking



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## The steps in starting managing patient

- 1. History taking
- 2. Physical examination
- 3.Investigation
- 4. Diagnosis
- 5. Treatment plan
- 6. Follow up

## Definition:

A case history is defined as a planned professional conversation that enables the patient to communicate his/her symptoms, feelings and fears to the clinician so as to obtain an insight in to the nature of patient illness and his/her attitute toward them.

# Why do you need to take a history

1. Taking a patient's history is the most important skill in medicine, it contributes 60-80% of the data for diagnosis.

2. It is the keystone of clinical diagnosis and the foundation for the doctor—patient relationship

## To be able to take a proper history You have to be:

a good communicator



And the requirements for good com

- 1.Patient respect
- 2.Listenning skills
- 3. Try to establish an easy way of communication.



## Don't Forget:

- 1. You are interrogating an unordinary person
- 2. Diferent intellectual & social level
- 3. The patient mostly does not know who you are.
- 4. Try to Show the patient you are caring
- 5.Let the patient talk

**Angry patient** 



uncomfortable



Passive/vague patie



## The scheme in history taking

- 1. The profile
- 2. chief complaint, its duration
- 3. history of present complaint
- 4. Systemic review
- Past medical history
- 6. Drug history
- 7. Family history
- 8. Social history
- 9. Occupational history
- 10.Personal history

## The profile

Introduce yourself to the patient giving your name and status as a student.

- 1.Name
- 2 Age
- 3 sex
- 4. Marital status
- 5. Residency
- 6. Occupation
- 7. Date of attendance or admission
- 8. Date of history taking
- 9. Referred from:

#### Chief complaint:

- \* It is the reason for seeking medical care
- \* should be described in the patient's own words
- \* It is usually single complaint ,occationally more than one i.e. chest pain and palpitation,abdominal pain and vomiting

- \* The suggested question asking about chief complaint:
  - What is your complaint?
  - What makes you come to see the doctor?
  - What brings you to seek medical advice \$

## History of presenting complaint

- 1. Elaborate on the chief complaint in details
- 2. Ask about relevant associated symptoms
- 3.have in mind a possible causes for the same symptom and ask about

#### The pain:

- Periumbilical region

  Pelvic region
- 1. site: where exactly is the pain'
- 2. Duration
- 3. character
- 4. onset
- 5. severity: how severe is the pain, consider using the 1-10 scale?
  - 6. localized or difuse
  - 7. Radiation
  - 8. continious or interrupted
  - 9. Timming: does it wake him up at night relation to meal.
  - 10. Agravating or relieving factor

## II. vomiting, ask about:

- 1. frequency
- 2. character
- 3. relation to pain
- 4. amount
- 5. colour
- 6. presence of blood
- 7. presence of food residue

## Respiratory system chief complaint

- 1.Cough (character)
- 2. Sputum (colour, amount)
- 3. Haemoptysis (colour, amount)
- 4. Wheeze (diurnal variation?)
- 5. Chest Pain (site, radiation, character)
- 6. Shortness of breath

## BEING A GOOD DOCTOR