

*helpful tips for recording a
high-quality medical
history.*

A comprehensive medical history is vital for an accurate diagnosis, developing personalized treatment plans, and establishing a good rapport with your patients.

Being able to take a good patient history is one of the most valuable skills in medicine. It establishes the groundwork when determining what tests or procedures might be necessary and is often instrumental in the final diagnosis. The process of taking a medical history also reiterates to the patient that they matter and that what they have to say is valuable. Taking the time to perfect this skill is well worth the effort, and not only informs a patient's care but helps to develop trust and connection between physician and patient.

Preparation and Environment

Full attention

make them comfortable

Set near but also stay formal

Establish Effective Communication

take your time with patient after introducing yourself

Take permission and be clear

Reassurance and smile

Summarize with the patient and make him involved

ICE (ideas, concerns, expectations)

Components of a Good Medical History

Patient profile

Chief Complaint and Presenting Symptoms, its duration

History of present complaint

Review of systems (ROS)

Past Medical History (PMH)

Medications and Allergies

Family History (FH)

Social History (SH)

Occupational history

Lifestyle Factors

Patient profile

Patient name (1st name, Middle name, last name)

Date of birth (age)

Sex

Marital status

Route of admission and date

Place where the patient live

Occupation

From which person the history has been taken.

The history of the presenting illness

Rule number 1 : this is not story you would like to describe, you are trying to reach a differential diagnosis.

Rule number 2 in which system the patient complain?

Rule number 3 which symptoms of the system is positive and which is negative?

Rule number 4 if there is a pain complaint, do you follow the SOCRATES structure?

Structure of the history of the presenting illness

Should be within chronological order ,

You should put all of the positive finding then you should put the negative finding, because the negative one will reduce the number of differential diagnosis.

Use Open-Ended Questions and Follow-ups

Give them the opportunity to paint the broad picture, then go back and fill in the details.

Tell me more about...

Whenever you are discussing any complaints use open ended question.

And encourage patient to speak by their own .

Finally If the patient has nothing to till

Ask close ended question

Sensitivity to Individual Patient Culture and Identity

Respect your patient's values and beliefs. Keep in mind that interactions that are acceptable for one person aren't necessarily going to work for another.

Addressing Health education

Make sure your word choices are appropriate for both the age and cognitive ability of each individual.

Pay Attention to Non-Verbal Cues

HAVE EMPATHY

Look for non-verbal cues (e.g., restlessness or eye contact avoidance); they often provide valuable insights into what is going on in their lives.

Recognizing Red Flags and Critical Symptoms

Common is common, common is important.

You should assume every case is life threatening so if there is chest pain you 1st exclude M.I. if for example abdominal pain you should exclude peritonitis.

Documentation and Record-Keeping

One popular technique is known as SOAP

Involve Patients in the Process

ICE

Remember to discuss any decisions with them and ensure they're part of the decision-making process.