

PATIENT HISTORY QUESTIONS



Chief Complaint:

What brought you to the hospital?

HPI: (History of Present Illness)

When did it start?

Where did it start (physically)?

What does it feel like (characterize pain)?

Can you rate pain on scale of 1-10?

How often; How long; How many?

What setting did this occur (surrounding environment/context)?

Does anything make it worse/better?

Did you notice anything associated with primary symptom?

Medications-

What meds are you taking?

What's the dose?

What route? (Don't ask if it's very obvious that the medication is taken orally)

What's the frequency?

Are you taking any supplements?

Are you using contraceptives?

Are you taking any Herbal/Botanical medication?

Allergies-

Are you allergic to any medications/have you ever had a reaction to any medication?

Do you have any food/environmental Allergies?

Tobacco/Alcohol/Drugs-

Do you smoke? How long? How much? How often?

Can you tell me about your drinking habits?

Do you use illicit drugs?

Past History:

Childhood-

Did you have any major childhood illnesses (mumps/measles/chicken pox)?

Any chronic childhood illnesses?

Adult-

Medical: Have you been diagnosed with any illnesses as an adult (diabetes, hypertension, hepatitis etc.)?

Surgical: Can you tell me about any major surgeries you've had? When? For what? What type of operation?

Ob/Gyn: Any pregnancies?

Can you tell me about your menstruation history? Onset, describe cycle? How's your sexual function?

Psychiatric: Any history of psychiatric illness? (Diagnosis, hospitalization, treatment)

Have you gotten your immunizations (tetanus, polio etc)

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Family Hx:

Can you tell me a bit about your father's health (age, or cause of death)?
Diagnosed with anything?
How about your mother?
Brothers?
Sisters?
Grandparents?
Grandchildren?
Any history of hypertension, stroke, diabetes, thyroid/renal disease?
Arthritis, TB, Lung disease, mental illness (suicide), substance abuse?

Personal/Social History:

What do you do for a living?
What's your level of education?
What is it like at home?
Any significant others? How is your relationship?
Any significant sources of stress (immediate/ on-going)?
Religious/spiritual beliefs?
Activities of Daily living (especially elderly)?
Do you exercise much?
What is your usual daily food intake? Caffeine?
Any alternative health care?

Review of Systems (Tons of questions! Start Broad->Narrow it Down):

General- What is your usual weight? Have you had significant loss/gain?
Any recent weakness, fatigue, fever?

Skin- Have you noticed any changes in your skin (rash, sores, lumps)?

HEENT- Head: How's the old noggin? Any headaches, dizziness, light-headedness?
Eyes: How is your vision? Any changes? Any pain, redness, double/blurred vision?
What about glaucoma... any cataracts?
Ears: How is your hearing? Any changes? Any ringing, earaches, infection?
Do you use hearing aids?

Nose: Do you have any nasal/sinus trouble? Frequent colds, stuffiness, nosebleeds, hayfever?

Throat: How is your teeth and gums? When was the last time you went to see the dentist?
Any soreness/ sores? Sore-throats?

Neck- How is your neck, any recent pain or stiffness?

Breasts- Have you noticed any recent abnormal changes in your breasts? Pain, lumps, discharge?

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Respiratory- How is your breathing/lungs? Have you had any recent trouble? Any cough, sputum (color, quantity), shortness of breath, wheezing? Any asthma, pneumonia, emphysema, TB?

C.V.- How's your ticker? Any heart trouble? High blood pressure? Any recent chest pain, palpitations? Have you had a recent EKG or other heart test?

G.I.- Let's talk about you stomach and bowels. Any recent trouble with your stomach? Chronic heartburn? Any changes in appetite? Nausea... trouble swallowing? How are your bowel movements? Are they regular? Any changes in frequency? Diarrhea or constipation? Gas? Any blood in stool? Trouble with hemorrhoids? Do you have any abdominal pain? Noticed any food intolerance? Any liver/gallbladder trouble (jaundice/gall stones/hepatitis)?

Urinary- How is your bladder? Any recent changes, recent problems? Do you have any problems holding it? Do you go frequently (characterize)? Any pain/burning with urination? Any recent infection? Have you noticed any blood? Reduced force of stream? Any hesitancy, dribbling?

Genitals- M: Ohh the things we get to ask as physicians. How is your bait and tackle/ nuts and bolts? (Seriously) Have you had any changes or problems recently with your penis or testes? Any sores or recent discharge? Hernias? Any history of Sexually Transmitted Infections? Condom use? Sexual habits? Any functional problems? Any recent changes with your testes (swelling, tenderness)?

F: Have you had any recent problems in your vagina/uterus? Any recent problems/concerns with your periods? Age of first menarche? Can you describe your menstrual cycle (frequency, duration, amount)? Any changes? Any bleeding between periods or after intercourse? If appropriate: when did you begin menopause? Any menopausal symptoms (hot flashes etc). Have you noticed any vaginal discharge or abnormalities of your vagina (sores, itching, STI's)? Any pregnancies (#, and type of delivery). Did you have complications? Birth control? Any abortions (spontaneous/induced)? What is your sexual preference? Interest/function?

Peripheral Vascular:

How is your circulation? Any problems with your veins (varicose/clots)?

Musculoskeletal:

How are you muscle/joints feeling? Any pain or stiffness? Any back pain? Any swelling, redness, tenderness, loss of motion? Can you elaborate? Any trauma?

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Neurologic:

Have you had any recent fainting spells or seizures? Any paralysis or loss of sensation or tingling?

Hematologic:

Any recent changes in terms of bruising or bleeding? Any history of anemia? Any past transfusion?

Endocrine:

Have you had any thyroid trouble? Any changes in temperature intolerance? Recent excessive sweating or thirst?

Psychiatric: May have already discussed

How is your mood? How would you describe yourself (how would people close to you describe you)? Any increase in anxiety? Suicide attempts?