

Medical History Interview Notes

Name:

M F

Age:

Date:

Chief complaint

(What brings you here today? Major concerns? Key questions/agenda/goals for appt?)

HPI

Symptoms

- Onset
- Palliation/Provocation
- Quality
- Radiation/location
- Severity
- Timeline (change)
- Experienced before

Associated Symptoms

Impact of symptoms

Acute? Chronic adaptation?

Functional impact

Explanatory model

What causing? What worried about? Expectations of care?

PMH

- Major illnesses
- Hospitalizations
- Surgeries
- Serious Injuries
- Psych
(DM, MI, BP, ↑chol, depression, HIV, hernia, hysterectomy, chole)

Meds

Allergies

Repro Hx

- Pregnancies:
- # children:

CAM

Prevention

- Vaccines Y N
- Seat belt Y N
- Helmet Y N
- Physical Y N
- Tests (circle):
 - Pap/PSA
 - Mammogram
 - Colonoscopy
 - B/T self-exam

Sexual History

Active? Y N With? M W B

Occ/Environ (exposures, functional limitation, stress)

Domestic violence

(hurt/threatened at home, safe at home, describe fights?)

<u>Family History</u> Age, health, cause of death, problems (Cancer, BP, heart, DM, EtOH, depression)	<u>Social History</u>		
Father	<u>Exercise</u>	<u>Diet</u>	<u>Tobacco</u>
Mother	<u>EtOH (CAGE)</u>	<u>Drugs</u>	<u>Financial</u>
Siblings			
Children	<u>Employment</u>	<ul style="list-style-type: none"> • <u>Living sit.</u> • <u>Relationships</u> • <u>Support</u> • <u>Religious</u> 	

Review of Systems

<u>General/skin/sleep</u> <ul style="list-style-type: none"> • Δ weight • Fatigue • Weakness • Fevers • Chills • Rash/itching/dryness • Δ hair • Δ nails 	<u>Respiratory</u> <ul style="list-style-type: none"> • Cough • Dyspnea • Wheezing • Asthma • Bronchitis • Emphysema • Pneumonia • TB 	<u>Musculoskeletal</u> <ul style="list-style-type: none"> • Joint pain/back ache • Swelling • AM stiffness • Arthritis • Gout • Cramps • Prox. weakness • Functional limit 	<u>Endocrine</u> <ul style="list-style-type: none"> • Heat/cold intolerance • Polydypsia • Polyphagia • Diaphoresis • Thyroid problems • Diabetes • Skin color change • Excess hair growth 			
<u>HEENT</u> <ul style="list-style-type: none"> • <u>Eyes:</u> <ul style="list-style-type: none"> ○ Vision ○ Pain ○ Redness ○ Tearing ○ Double vision • <u>Ears:</u> <ul style="list-style-type: none"> ○ Hearing ○ Tinnitus ○ Vertigo ○ Earache ○ Discharge • <u>Nose:</u> <ul style="list-style-type: none"> ○ Colds ○ Stuffiness ○ Hay fever ○ Nosebleed ○ Sinus ○ Anosmia • <u>Mouth:</u> <ul style="list-style-type: none"> ○ Teeth ○ Bleeding gums ○ Sore throat ○ Horseness • <u>Throat:</u> <ul style="list-style-type: none"> ○ Dysphagia ○ Lumps ○ Goiter ○ Pain ○ Stiffness 	<u>Cardiovascular</u> <ul style="list-style-type: none"> • High/low BP • Murmurs • Orthopnea • Nocturnal dyspnea • Edema • Chestpain • Palpitations (rapid/skip) • Claudication • Varicoseveins • Thrmbohphlebitis • Easy bruise/bleed • Anemia • Transfusions 	<u>Neuro/psych</u> <ul style="list-style-type: none"> • Headache • Fainting • Blackouts • Seizures • Paralysis • Numbness/tingling • Vertigo/dizziness/difficulty walking • Confusion • Memory loss • Tremor/coordination • Anxiety/tension/stress • Depression/tearfulness • Suicide attempts 	<u>GI</u> <ul style="list-style-type: none"> • Δ appetite • Heartburn • Nausea • Vomiting • Abd. Pain • Bloating • Lactose intol. • Diarrhea • Constipation • Gas • Hemorrhoids/rectal bleed • Liver/gallbladder • Jaundice/hepatitis 	<u>GU</u> <ul style="list-style-type: none"> • Dysuria • Nocturia • Polyuria • Hematuria • Urgency • Hesitancy • Incontinence • UTI • Stones • Δ stream 	<u>Genital/sexual</u> <ul style="list-style-type: none"> • Discharge • Itching • Sores • STD • Hernias • Test/vag pain • Testicular mass • Interest • Function • Satisfaction • Problems 	<u>Gynecological</u> <ul style="list-style-type: none"> • Menarche age _____ • Irregular period • Period freq _____ • Period duration _____ • Bleed between _____ • Last period _____ • Menopauseage _____ • Symptoms • Post-men bleed • Breast lumps • Breast pain • Breast discharge • G__P__A__ • Preg complications
		-Male & female-	-Male & female-			