The general principles of history taking

Waseem Jerjes
Common abbreviations in medical clerking

- PC: presenting complaint
- HPC: history of presenting complaint
- PMH: past medical history
- PSH: past surgical history
- PPH: past psychiatric history
- DH: drug history
- FM: family history
- SH: social history
- SE: systemic enquiry
- ODQ: on direct questioning
- SOBOE: shortness of breath on exertion
- PND: paroxysmal nocturnal dyspnoea
- BOR: bowels opening regularly
- PU: passing urine
- SI: sexual intercourse
- TOP: termination of pregnancy
Common abbreviations in medical clerking

- K=4/26-30: menstrual cycle – period last for 4 days, coming every 26-30 days
- G_4 P_{3+1}: pregnant woman (gravid) four times, and had 3 pregnancies proceeding beyond the 28^{th} week, and one less than 28 weeks (TOP or miscarriage)
- 1/7: one day, 12/7 twelve days
- 3/52: three weeks
- 2/12: two months
- C4/7 around four days
- OE: on examination
- T, P, R, BP, PaO_2
- J: jaundice
- TB: tuberculosis
- Cy: cyanosis, °Cy: no cyanosis
Common abbreviations in medical clerking

- VV: varicose veins
- PCA: patient controlled analgesia
- CXR: chest x-ray
- AXR: abdominal x-ray
- PA: x-ray plate in front of organ (x-rays come from back to front)
- AP: x-ray plate behind the organ (x-ray come from front to back)
- LSS XR: lumbo-sacral spine x-ray
- CxS XR: cervical spine x-ray
- USS: ultra sound scan
- KUB: kidneys, ureters and bladder
- CT: computerized tomography
- CAT: computerized axial tomography
- PET: positron emission tomography
- MRI: magnetic resonance imaging
- OGD: oesophagogastrroduodenoscopy
- ERCP: endoscopic retrograde cholangeopancreatogram
Common abbreviations in medical clerking

- PEG: percutaneous endoscopic gastrostomy
- BSO: bilateral salpingo-oophorectomy
- TAH: total abdominal hysterectomy
- Σcolon: sigmoid colon
- Hx: generic term for history
- Ex: generic name for examination
- Ix: generic name for investigations
- Dx: diagnosis
- Mx: monitoring
- Rx: treatment
- Ed: patient education
- MSU: mid-stream specimen of urine
- EMU: early morning specimen of urine
- MCS: microscopy, culture and sensitivities
Common abbreviations in medical clerking

- FBC: full blood count
- U&E: urea and electrolytes including creatinine
- CCT: creatinine clearance test
- LFT: liver function test
- TFT: thyroid function test
- AST: aspartate transaminase
- Alk Phos: alkaline phosphatase
- GGT: gamma-glutaryl transaminase
- ESR: erythrocyte sedimentation rate
- OD: once daily
- BD: twice daily
- TDS: 3 times daily
- QDS: four times daily
- Nocte: at night
- Mane: in the morning
Common abbreviations in medical clerking

- prn: when required
- AC: before food
- PC: after food
- AFB: acid fast bacilli
- ZN: Ziehl-Neelsen stain
Don’t Forget

• Open mind
• Avoid using pseudo-medical terms
• Cause no harm
• Temptation to leap to a diagnostic decision
• 80% of diagnoses in clinics are based on the interview
1\textsuperscript{st} Step

- Noise and interruption
-Courtesy
- Patient's consent
PC

• Not CC (chief complaint)
• What has been the trouble recently?
• Record each presenting symptom in the patient’s own words, avoiding technical terms.
HPC

• Chronological order.
• What does the patient think is the cause?
SOCRATES

- Site
- Onset (gradual, sudden)
- Character
- Radiation
- Associating symptoms
- Timing of pain/duration
- Exacerbating & alleviating factors
- Severity (scale 1-10)
Systems Review

- Cardiovascular system
  - Have you had any pain or pressure in your neck, chest or arm?
  - Are you short of breath on exertion? How much exertion is necessary?
  - Have you ever been woken at night short of breath?
  - Can you lie flat without feeling breathless?
  - Have you had swelling of your ankles?
  - Have you noticed your heart beating irregularly?
  - Do you have pain in your legs on exercise?
  - Do you have cold or blue hands or feet?
  - Have you ever had rheumatic fever, a hear attack or high blood pressure?
Systems Review

- **Respiratory system**
- Are you ever short of breath?
- Have you had any cough?
- Do you cough anything?
- Have you coughed up blood?
- Do you snore loudly?
- Do you ever have wheezing when you are short of breath?
- Have you had fevers?
- Do you have night sweets?
- Have you ever had pneumonia or TB?
- Have you had a recent CXR?
- Have you had any bleeding or discharge from your breasts or felt any lumps there?
Systems Review

- Gastrointestinal system
- Are you troubled by indigestion?
- Have you had pain or discomfort in your belly?
- Have you had any abdominal distension?
- Has your bowel habit changed recently?
- How many bowel motions a week do you usually pass?
- Have you lost control of your bowel or had accidents (faecal incontinence)?
  have you seen blood in your motions or vomited blood?
- Have your bowel motions been black?
- Have you had any difficulty swallowing?
- Have your appetite or weight changed?
- Do you have heartburn?
- Have your eyes or skin ever been yellow?
- Have you ever had hepatitis, peptic ulceration, colitis, or bowel cancer?
- Tell me about you diet recently?
Systems Review

• **Genitourinary system**
  • Do you have difficulty or pain on passing urine?
  • Is your urine stream as good as it used to be? Is there is delay before you start to pass urine? Is there dribbling at the end? (Males)
  • Do you have to get up at night to pass urine?
  • Are you passing larger or smaller amounts of urine?
  • Has the urine colour changed?
  • Have you seen blood in the urine?
  • Have you got any problems with your sex life?
  • Have you noticed any rashes or lumps on your genitals?
  • Have you ever had venereal disease?
  • Have you ever had a UTI or kidney stone?
  • Are your periods regular? Do you have excessive pain or bleeding with your periods? (Females)
Systems Review

• Haematological system
• Do you bruise easily?
• Have you had fevers or shivers and shakes (rigors)?
• Do you have difficulty stopping a small cut from bleeding?
• Have you noticed any lumps under your arms or neck or groin?
• Have you ever had blood clots in your legs or lungs?
Systems Review

- Musculoskeletal system
- Do you have painful or stiff joints?
- Are your joints ever swollen?
- Have you had a skin rash recently?
- Do you have any back or neck pain?
- Have your eyes been dry or red?
- Have you ever had dry mouth or mouth ulcers?
- Have you been diagnosed as having rheumatoid arthritis or gout?
- Do your fingers ever become painful and become white and blue in the cold?
Systems Review

• Endocrine system
• Have you noticed any swelling in your neck?
• Do you have hands tremble?
• Do you prefer hot or cold weather?
• Have you had a thyroid problem or diabetes?
• Have you noticed increased sweating?
• Have you been troubled by fatigue?
• Have you noticed any change in your appearance or hair, skin or voice?
• Have you been unusually thirsty lately?
Systems Review

• Neurological system and mental state
  • Do you get headaches?
  • Have you had memory problems or trouble concentrating?
  • Have you had fainting episodes, fits or blackouts?
  • Do you have trouble seeing or hearing?
  • Are you dizzy?
  • Have you had weakness or numbness or clumsiness in your arms or legs?
  • Have you ever had a stroke or head injury?
  • Have you had difficulty sleeping?
  • Do you feel sad or depressed or have problems with your “nerves”?
Systems Review

• Is there is anything else you would like to talk about?
Dental History

- Restorative
- Prosthetic
- Surgical Dentistry
- Regularity of attendance for dental care, attitude to dental treatment, recent relevant dental problem
MH

• Medical conditions
• Previous hospitalisation
• Previous surgeries
• Previous emergencies
DH

- Regular medications (Aspirin 75mg PO OD)
- Medication taken occasionally (OTC)
- The “Pill”
- **Allergies**
The impact of the illness & ADLs

- Impact of illness on all aspects (occupation, society family).
- Walking
- Bathing
- Dressing
Social History

• Place of birth and residence (who else is there at home)
• Occupation
• Marital status (single…, children…)
• Level of education,
• Housing (mobility, any stairs at home)
• Overseas travelling, immunization, living conditions, social support. Have the patient ever injected drugs?
Occupation

- Asbestosis, mesothelioma: asbestos workers and builders
- Coal worker’s pneumoconiosis: coal miners
- Silicosis: gold, copper and tin miners
- Brucellosis: farmers, vets and abattoir workers
- Bladder cancer: aniline dye workers
- Hepatitis B: healthcare professional
Travel-related risks

- Viral complaints (hep A, B & E, yellow fever, rabies, polio)
- Bacterial complaints (salmonella, shigella, e-coli, cholera, meningitis, tetanus)
- Parasite & protozoan diseases (malaria, scistosomiasis, trypanosomiasis, amoebiasis)
Smoking

• When stopped
• Smoking: 2cig/day, for last 20 years
• 1 pack = 20 cigarettes
• Cigar and pipe smokers (inhale less smoke) CA oral cavity, larynx and oesophagus.
• Smoking is forbidden among Sikhs
Smoking

Cardiovascular disease (premature coronary artery disease, peripheral vascular disease, cerebrovascular disease).

Respiratory disease (lung cancer, COPD, increase incidence of respiratory infection, increase incidence of postoperative respiratory complications).

Other cancers (larynx, oral cavity, oesophagus, nasopharynx, bladder, kidney, pancreas, stomach, uterine cervix).

Gastrointestinal disease (peptic ulceration).

Pregnancy (increase risk of spontaneous abortion, foetal death, neonatal death, sudden infant death syndrome, underweight infants).

Drug interactions (induces hepatic microsomal enzyme systems, e.g. increased metabolism of propranolol and theophylline).
Alcohol

- **1 unit** (8-10g of alcohol) = glass of wine = shot of spirits = glass of port or sherry = 7oz glass of beer.
- Safe limits = males 21u/w (168g ethanol), females 14u/w (112g ethanol)
- High-risk group is 50u/w for males and 35u/w for females.
- Alcohol is high risk factor for liver disease 80g/d for males and 40g/d for females.
CAGE questionnaire
(diagnosis of alcoholism)

• C- have you ever felt you ought to cut down your drinking?
• A- have people annoyed you by criticising your drinking?
• G- have you ever felt guilty about your drinking?
• E- have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover (eye opener)?
• A “yes” to any of these questions might suggest a serious drinking problem
Ethanol abuse complications

- **Gastrointestinal system**: oesophagitis, acute gastric erosions, gastrointestinal bleeding (varices, erosions, Mallory-Weiss tear, peptic ulceration), pancreatitis (acute, recurrent or chronic), diarrhoea (watery due to alcohol itself, steatorrhoea from chronic alcoholic pancreatitis or rarely liver disease), hepatomegaly (fatty liver, chronic liver disease), chronic liver disease (alcoholic hepatitis, cirrhosis), cancer (oesophagus, cardia of stomach, liver, pancreas).
- **Cardiovascular system**: cardiomyopathy, arrhythmias, hypertension.
- **Nervous system**: “blackouts”, nutrition-related conditions.
Family History

- Inherited diseases (ischaemic heart disease, malignancies [breast, large bowel carcinoma], haemophilia), relatives of mental illnesses and consanguinity. Draw family tree.
- Common diseases: hyperlipidaemia (IHD), DM, hypertension, myopia, alcoholism, depression, osteoporosis, cancer (bowel, ovarian, breast)
Clinical Examination

- General
- Cardiovascular
- Chest
- Abdominal
- Neurological
Database

- FBC, U&E, glucose….
- OPG, SMV, OM….
- CXR….
- Urethral catheter inserted
- IV cannula, IV Abs & fluids
Summary

- Name, age, job
- PC, short HPC
- Important diseases and medications
- Important findings (examination)
- Important findings (tests, radiology…)

[Image with the above text]
Plan

1. Admit the patient (talk to Bed Manager)
2. Bloods: FBC, Biochemistry (full profile), Coagulation Screen, Group & Save, Glucose (random)
3. OPG, OM, CT, CXR, ECG
4. Consent the patient for (ORIF, I&D....)
5. Nil by mouth from....
6. Insulin Sliding Scale
7. Observations: Vitals, Neuro, Eye....
8. Writing drug chart & fluid chart
9. Position of patient
Follow Up (SOAP)

Subjective (S)
Record any change in the patient's symptoms and, when necessary, comment on compliance with a particular regimen (e.g. stopping smoking) or tolerance of drug treatment.

Objective (O)
Record any change in physical signs and investigations that may influence diagnosis, monitoring or treatment.

Assessment (A)
Comment on whether the subjective and objective information has confirmed or altered your assessment and plans.

Plan (P)
After making the assessment, consider whether any modification of the original plan is needed. Structure this section according to the headings listed earlier (Dx, Mx, Rx and Ed).
### Surgical Sieve 1

<table>
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<tr>
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<tr>
<td>In</td>
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Surgical Sieve 2

• TIN CAN BED DIP
  Trauma
  Inflammation/infection
  Neoplasia
  Circulation
  Autoimmune
  Neurological
  Blood
  Endocrine
  Drugs
  Degenerative
  Iatrogenic
  Psychological
Dx- Chest pain

- Skin: shingles
- Intercostal muscles: trauma, myositis
- Ribs: trauma, secondary deposits
- Pleura: pleurisy, pneumothorax
- Lungs: pneumonia, pulmonary infarction
- Bronchi: carcinoma, acute bronchitis
- Trachea: tracheitis
- Heart: angina, MI, pericarditis
- Pulmonary artery: pulmonary embolus
- Oesophagus: GORD, oesophagitis, achalasia
- Referred: stomach, gall bladder, spleen, compression of dorsal nerve roots.
Dx- Dyspnoea

1. Cardiac

Pulmonary oedema (LVF, AF, hypoalbuminaemia)

Low cardiac output (cardiac failure, adverse effect of β-blockers, heart block, pulmonary embolus, pulmonary hypertension, constrictive pericarditis, cardiac tamponade, valvular stenosis)
Dx- Dyspnoea

2. Respiratory
Chest wall (flail chest, Guillain-Barre, poliomyelitis)
Diaphragm (paralysis, hernia)
Pleura (pneumothorax, pleural effusion, mesothelioma)
Lungs (pneumonia, emphysema, bronchiectasis)
Bronchi (asthma, chronic bronchitis, carcinoma)
Trachea (goitre, foreign body)
Dx- Dyspnoea

3. Neurogenic
Metabolic acidosis: diabetic ketoacidosis, lactic acidosis, renal failure, aspirin poisoning
Brian stem lesions
Psychogenic dyspnoea
Dx- Headache

• Muscles (H&N): tension headache
• Skull: head injury
• Meninges: meningitis, meningioma, (epidural, subdural and subarachnoid haemorrhage)
• Blood vessels: migraine, aneurysm, cerebral haemorrhage, vasodilators (nitrates)
• CSF: benign intracranial hypertension
• Brain: primary brain tumour, secondary deposit, cerebral abscess, tuberculoma
• Pituitary gland: pituitary tumour, pituitary apoplexy
• Sinuses: sinusitis
• Teeth: dental abscess
• Cervical nerve roots: compression by vertebral osteophytes
Dx- lymphadenopathy (H&N)

Infections:
Local: dental, scalp, ENT
Systemic:
Viral (URT, infectious mono, CMV, HIV)
Bacterial (TB, brucellosis, syphilis)
Fungal (histoplasmosis)
Parasitic (toxoplasmosis, Leishmaniasis, tularaemia)

Malignant:
Local: Oral, Scalp, ENT
Systemic: leukaemia, lymphoma, Langerhans histiocytosis

Others:
Drugs (phenytoin)
Kawasaki (mucocutaneous LN syndrome)
Connective tissue disease
Dx-Xerostomia

**Drugs** (atropine, antidepressants, antihypertensives, phenothiazines, antihistamines, antireflux agents (PPI), opioids, cytotoxic drugs, retinoids, bupropion, protease inhibitors, diuretics, ephedrine, benzodiazepines, IL-2)

**Disease affect SG** (Salivary aplasia, Sjogren, Sarcoidosis, parotidectomy, cystic fibrosis, primary biliary cirrhosis, HIV, Hep C, HTLV-1)

Dehydration
Psychogenic
Other viruses
Irradiation
GVHD
Dx-Halitosis

- Oral sepsis
- Systemic disease (diabetic ketosis, respiratory, gastrointestinal, hepatic failure, renal failure)
- Dry mouth
- Foreign body in nose
- Starvation
- Smoking
- Some foods
- Drugs
- Psychogenic
Dx-Mouth Lumps

- **Normal** (pterygoid hamulus, parotid papillae, foliate papillae, unerupted teeth)
- **Developmental** (haemangioma, lymphangioma, tori, hereditary gingival fibromatosis, von Recklinghausen neurofibromatosis)
- **Inflammatory** (infection, abscess, pyogenic granuloma, Crohn’s disease, sarcoidosis, Wegener’s granulomatosis, insect bites)
- **Traumatic** (haematoma, epulis, epithelial polyp, denture granuloma)
- **Cystic** (eruption, developmental, infective origin)
- **Hormonal** (pregnancy epulis/gingivitis, pill gingivitis)
- **Drugs** (ciclosporin, Ca Ch blockers, phenytoin)
- **Leukaemia or lymphoma**
- **Benign or malignant tumours**
- **Angioedema, Amyloidosis**
Dx-Orofacial pain

• **Local** (teeth, jaws, max Sinus, SG, eyes, Pharynx)

• **Neurological** (idiopathic trigeminal neuralgia, neoplasms involving V, glossopharyngeal neuralgia, herpes zoster [also post herpetic neuralgia], MS, SUNCT [sever unilateral neuralgia and conjunctival tearing] syndrome)

• **Psychogenic** (atypical facial pain, burning mouth syndrome, temporomandibular pain-dysfunction)

• **Vascular** (migraine, migrainous neuralgia, giant cell arteritis, paroxysmal hemicrania, neuralgia-inducing cavitational osteonecrosis)

• **Referred pain** (Nasopharyngeal, ocular, aural, CVS/RS, lesions of neck or chest)
Dx-Oral red lesions 1

Inflammation:

Viral stomatitis (herpes simples stomatitis and most other viral infections)

Candidiasis (denture-related stomatitis, acute oral candidiasis, median rhomboid glossitis)

Deep mycoses (in HIV &IC) (histoplasmosis, cryptococcus, blastomycosis, paracoccidioidomycosis)

Radiation mucositis

Immunological reactions (plasma cell gingivostomatitis, GVHD, amyloidosis, granulomatous disorders [sarcoidosis, Crohn’s, orofacial granulomatosis])
Dx-Oral red lesions 2

Reactive lesions: pyogenic granulomas, peripheral giant cell granuloma

Erosion: burns, vesiculobullous disorders (LP, erythema multiforme, pemphigus)

Atrophy: erythroplasia, erythema migrans, LP, desquamative gingivitis, iron or vit defeciency state

Purpura: trauma, suction (fellatio), platelet disorder (petechiae, ecchymoses), localized oral purpura (angina bullosa haemorrhagica)
Dx-Oral red lesions 3

Vascular disorders: dilated lingual veins (varices), haemangiomas, telangiectasias (postirradiation, HHT, SS)

Neoplasms:
Peripheral giant cell tumours
Angiosarcomas (Kaposi)
SCC
Wegener’s granulomatosis
Midline granulomas
Dx-Oral white lesions 1

Inflammation:

**Infective** (candidiasis, hairy leukoplakia, syphilitic mucous patches and keratosis, Koplik’s spots, some papillomas, Reiter’s disease, koilocytic dysplasia)

**Non-infective** (LP, lupus erythematosus)

Pre/neoplastic: Leukoplakia, keratoses, CA

Congenital: leukoedema, fordyce spots, white sponge naevus, focal palmoplantar and oral mucosa hyperkeratosis syndrome, Darier’s disease, dyskeratosis congenita, pachyonychia congenita
Dx-Oral white lesions 2

Others:
Cheek-biting
Materia alba
Burns
Grafts
Scars
Verruciform xanthoma
Dx-Facial sensory loss 1

Intracranial

Trauma (surgical treatment of trigeminal neuralgia)

Inflammatory (MS, sarcoidosis, CT disease, infections-neurosyphilis, HIV, herpes, TB, leprosy)

Neoplastic (cerebral tumour)

Syringobulbia

Vascular (cerebrovascular disease, aneurysms)

Drugs (labetalol, ritonavir, stilbamidine, mefloquine)

Bone disease (Paget’s osteopetrosis)
Dx-Facial sensory loss 2

Extracranial

**Trauma** (surgical, #s)

**Inflammatory** (osteomyelitis)

**Neoplastic** (cancer of antrum or nasopharynx, metastatic tumours, leukaemic deposits)

Benign trigeminal neuropathy

**Psychogenic** (hysteria, hyperventilation syndrome)

**Endocrine disease** (DM)
<table>
<thead>
<tr>
<th>UMN lesions</th>
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<tbody>
<tr>
<td>Trauma</td>
<td>Systemic infection</td>
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<tr>
<td>Tumour</td>
<td>Bell’s palsy (herpes)</td>
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<td>CVA</td>
<td>HIV infection</td>
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<tr>
<td>Infection</td>
<td>HTLV-1 infection</td>
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<tr>
<td>Multiple sclerosis</td>
<td>Lyme disease</td>
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<tr>
<td>Moebius syndrome</td>
<td>VZV, CMV, EBV, influenza</td>
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</table>
Dx-Facial motor loss 2

Others

- Kawasaki disease
- Diabetes
- Middle-ear disease (Otitis media, cholesteatoma)
- Lesion of skull base (#, infection, sarcoidosis)

Parotid lesion (tumour)
Trauma to branch of facial nerve
Barotrauma
CT disease
Sarcoidosis
Melkersson-Rosenthal syndrome
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