FULL HISTORY

SUBJECT

NAME

YEAR · SEMESTER

PATIENT · INITIALS | AGE · SEX | SETTING | DATE

1 · OPENING

- [ ] Wash hands
- [ ] Introduce yourself
- [ ] Confirm identity
- [ ] Explain + consent
- [ ] Patient comfortable

2 · PRESENTING COMPLAINT · IN THE PATIENT'S OWN WORDS

"What brought you in today?" Then listen without interrupting for the first minute.

3 · HISTORY OF THE COMPLAINT · SOCRATES

S — SITE

"Where exactly is it? Can you point to it?"

O — ONSET

"When did it start? Suddenly or gradually? What were you doing?"

C — CHARACTER

"What does it feel like: sharp, dull, burning, crushing, cramping?"

R — RADIATION

"Does it spread anywhere else?"

A — ASSOCIATED SYMPTOMS

"Anything else with it: nausea, sweating, breathlessness, fever?"

T — TIME COURSE

"Is it constant or does it come and go? Getting better or worse?"

E — EXACERBATING · RELIEVING

"What makes it worse? What helps? Tried any painkillers?"

S — SEVERITY

"From 0 to 10, how bad is it? Does it stop you doing things?"

RED FLAGS · RULED IN / OUT

Weight loss, night sweats, bleeding, new weakness...

NEXT · ICE, THEN SYSTEMS REVIEW

"What do you think is causing it? Anything worrying you?"

Questions are prompts, not a script: follow the patient.

PATIENT · INITIALS _____ AGE · SEX _____ SETTING _____ DATE _____



IDEAS

"What do you think might be causing this?"

CONCERNS

"Is anything worrying you about it?"

EXPECTATIONS

"What were you hoping we could do today?"

SYSTEMS REVIEW · TICK WHAT THE PATIENT HAS

"I'm going to run through a few quick questions about the rest of your body."

General

- ☐ Fever
- ☐ Weight loss
- ☐ Night sweats
- ☐ Fatigue
- ☐ Appetite change

Cardiovascular

- ☐ Chest pain
- ☐ Palpitations
- ☐ Ankle swelling
- ☐ Breathless lying flat
- ☐ Waking breathless

Respiratory

- ☐ Cough
- ☐ Sputum
- ☐ Coughing blood
- ☐ Wheeze
- ☐ Breathlessness

Gastrointestinal

- ☐ Swallowing trouble
- ☐ Nausea · vomiting
- ☐ Abdominal pain
- ☐ Bowel change
- ☐ Blood in stool
- ☐ Yellow skin

Genitourinary

- ☐ Pain passing urine
- ☐ Frequency
- ☐ Blood in urine
- ☐ Discharge
- ☐ Periods

Neurological

- ☐ Headache
- ☐ Fits · faints
- ☐ Weakness
- ☐ Numbness
- ☐ Vision change

Musculoskeletal · skin

- ☐ Joint pain
- ☐ Stiffness
- ☐ Rash
- ☐ Lumps

Mood · sleep

- ☐ Low mood
- ☐ Anxiety
- ☐ Sleep change

ANYTHING ELSE?

"Is there anything else you've noticed, even if it seems unrelated?"

Questions are prompts, not a script: follow the patient.

PATIENT · INITIALS | AGE · SEX | SETTING | DATE

PAST MEDICAL · SURGICAL HISTORY

Condition · operation	When	Treated with · where

ASK ABOUT EACH

Diabetes · high blood pressure · heart disease · asthma · epilepsy · stroke · TB · jaundice · cancer · past operations + anaesthetic problems

DRUG HISTORY · "WHICH MEDICINES DO YOU TAKE, INCLUDING ONES FROM THE PHARMACY?"

Name	Dose	How often	What for	Missed doses?

OVER THE COUNTER · HERBAL · CONTRACEPTION

"Any vitamins, herbal remedies, the pill or inhalers?"

ALLERGIES + WHAT HAPPENED

"Are you allergic to anything? What happened when you took it?"

Questions are prompts, not a script: follow the patient.

PATIENT · INITIALS

AGE · SEX

SETTING

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FAMILY TREE · THREE GENERATIONS

"Do any illnesses run in your family? Parents, brothers, sisters, children?"

☐ male ○ female ■ affected ☒ died (age, cause)

SMOKING

"Do you smoke? How many a day, for how many years?" → pack-years

ALCOHOL

"How much do you drink in a usual week?" → units / drinks

DRUGS · RECREATIONAL

"Have you ever used any recreational drugs?"

JOB · EXPOSURES

"What do you do for work? Any dust, chemicals, shifts?"

HOME · INDEPENDENCE

"Who is at home with you? Stairs? Any help with daily tasks?"

TRAVEL · PETS · DRIVING

"Any recent travel? Pets at home? Do you drive?"

SUMMARY · SAY IT BACK TO THE PATIENT

"So to sum up... have I got that right? Is there anything I've missed?"

DIFFERENTIAL · MOST LIKELY FIRST

Questions are prompts, not a script: follow the patient.

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