

## HISTORY FOR ADULTS

The client's condition dictates how the examiner will proceed. Urgency dictates expediency. Clients in distress should not be subject to a prolonged history.

### Introduction (Identifying Data)

Name, age, gender.  
Source of referral (if applicable, eg. Police, Hospital, Family etc.)

### Chief Complaint

Symptoms causing patient to seek help (this is not the diagnosis), in client's own words (can record in direct quotes).  
If multiple complaints, list and prioritize with the client

### History of Present Illness (H.P.I.) Amplifies the Chief Complaint

**O** (onset) **P** (precipitating factors – palliation?) **Q** (quality) **R** (region, radiation)  
**S** (severity, other symptoms) **T** (temporal)

First occurrence (when was he/she last well?)  
Progression since then  
Symptoms Analysis in detail (Explore main symptoms under appropriate system)  
Appropriate risk factors  
Pertinent negatives

### Past History

- 1) General state of health (past) as the patient perceives it
- 2) Past illness, injuries, hospitalizations, surgery (when). Ask specifically about cardiac, hypertension, diabetes/kidney, respiratory, tuberculosis, GI, urinary, thyroid, joint problems/arthritis, or mental health problems.
- 3) Allergies, including reaction
- 4) Immunization status
- 5) Medications – Prescription, Over the counter, herbal, traditional
- 6) Childhood illness (if applicable)
- 7) Obstetric history in females if applicable (see OB/GYN Hx)

### Family History

**Parents and siblings:** Health problems. IF deceased, cause and age at death  
Ask specifically about TB, diabetes/thyroid disease, heart disease, HTN, cancer, seizures, mental illness, depression, suicide, alcoholism. Can use a genogram if Necessary.

## Psycho – Social/Personal/Spiritual History

Lifestyle: Who lives at home, eg. Relationships.

If not noted earlier:

Occupation

Smoking (in pack years)

Alcohol (type)

Use of street drugs/solvents

Diet/caffeine/exercise/sleep pattern

Environmental safety: overcrowding, heat and water source, firearms

Particular stresses (recent or past) – family, work, financial

Mood – feelings of depression or hopelessness, little interest or pleasure

tension coping, spirituality/cultural/significant considerations: home situation,

violent behaviors, loss of significant other(s)

## Review of Systems (Functional Inquiry)

Purpose is to review briefly the systems **not** identified in the H.P.I. involves current symptoms in the system(s) not considered earlier in the History of Present Illness. Explored by systems from head downward. Do a symptom analysis (in the form of a question) when a client responds positively to a symptom, or reports one, eg. Feeling down. This is different than the past history which reviews past diagnoses.

## Main symptoms of Disease by Body System

### Non specific

How patient feels currently, self – rating of overall health status.

Δ in weight or energy level, appetite, chills/fever, Δ in sleep pattern.

### Head and Neck

- Eyes: Discharge (describe), pruritus, pain (associated with H/A?), redness, tearing, visual disturbances (photophobia, diplopia, blurred vision, blind spots, floaters, halos, flashing lights)  
Last screening, ? corrective lenses  
Cataracts, glaucoma?
- Ears: Hearing, earache, discharge, vertigo, tinnitus, problems with balance, hygiene practices  
Hearing screening, use of prosthetic devices.
- Nose: Discharge (seasonal?), epistaxis, sneezing, snoring Sinus pain/congestion
- Mouth and throat: Dental problems/hygiene, dentures (do they fit?). Visits with dentist, sore mouth or throat, difficulty chewing, dysphagia, hoarseness, bleeding gums, lesions.
- Neck: Pain/tenderness, stiffness/limitation of movement. Swollen glands, lumps, "goiter".

## Lower Respiratory

When was their last CXR? Any presence of cold/flu-like symptoms?

- Shortness of breath:** Onset?  
Does it occur with:  
1. Climbing stairs/hills  
2. Walking on level ground  
3. Doing ADL's  
4. at rest  
How has it progressed?  
Associated symptoms (edema, chest pain, wheezing)  
Alleviating factors (repositioning, rest, treatments)  
Aggravating factors (contact with allergens, dust)
- Pain:** Onset? Location, description (quality: is it pleuritic-splinting), quantity, radiation, associated symptoms (eg, fever.) Alleviating/aggravating factors, timing, does it occur on inspiration/expiration?
- Cough:** Onset? Chronic or acute? Description.  
How was it progressed? Night sweats? Recent travel, or contact with someone with active TB?
- Sputum:** Onset? Amount, color, pattern of occurrence
- Hemoptysis:** Onset? Amount, frequency, bright or dark.  
Any leg problems?
- Wheeze/stridor:** Is it present? Measures taken to treat at home.

## Cardiovascular

Told of any heart trouble, HTN, RHD, murmurs, past EKG's, or heart tests? Increasing fatigue, syncopal episodes, anorexia, pink frothy sputum & cough, nocturia? If yes, any  $\Delta$  in normal pattern? Recent dental work or invasive procedure? Edema?

- Pain:** Onset? Location, description (quality, quantity), **radiation**, alleviating/aggravating factors, activity at onset, associated symptoms (SOB, N&V, palpitations)  
Duration\*
- Shortness of breath:** See symptoms analysis for SOB under Respiratory Sys.
- Orthopnea/PND:** Are they present? How much can they do?  
Progression of symptoms  
Number of pillows used at night
- Palpitations:** How often do they occur? Activity @ onset. Associated with faintness/syncope, or other symptoms (chest pain, SOB, diaphoresis, etc.)

**Peripheral Vasculature:** Edema and time of day it is present (symptom of central cardiac disease as well), does it reduce with elevation? Coldness, numbness, paresthesia. Intermittent claudication, leg cramps, varicose veins, calf swelling or pain  $\Delta$ 's in leg skin color, presence of lesions, hair loss.

### Gastrointestinal

Any  $\Delta$ 's in taste, appetite, food intolerance, weight loss (change in clothing size). Flatus, belching, bloating? Use of digestive/evacuation aids? Last BM.

**Pain:** Onset? Acute or chronic? Sudden or insidious?  
Location, description (quality: ? constant, ?colicky, ?burning, ?stabbing, quantity), radiation  
Associated symptoms (N&V, diarrhea)  
Aggravating factors (relationship to eating, bowel movements, position changes, stress, meds taken)  
Alleviating factors (same as above, methods tried to relieve pain) Duration\*

**Distention:** Onset, timing, duration, alleviating factors (belching, flatus), aggravating factors. Associated with anorexia, wt loss,  $\Delta$  in bowel habits.

**Vomiting:** Frequency, amount, color/appearance, reflux.  
Association symptoms (nausea, pain, constipation, dysuria etc)

**Stools:** Frequency, color, size, consistency (resent travel?)  
blood (frank or melena) or mucus present, amount, onset & frequency. Associated symptoms (explore)  
 $\Delta$ 's in diet?  
 $\Delta$  in normal bowel function or pattern (describe)  
Haemorrhoids? Rectal pain, itching, burning? Fecal incontinence?

**Jaundice:** Onset & duration of discolouration of skin/sclera color of stools and urine, pruritus. Associated symptoms (diarrhea, N&V, pain) Recent travel (ETOH intake, blood transfusions)

**Intake:** 24 hour diet recall, dysphagia, dyspepsia (heartburn)

\*\*Ask re: signs outside abdomen associated with IBD: eye infections, joint pain, skin rashes.

### Genitourinary

**Urinary:** Characteristic of urine (color, smell, contents) frequency, nocturia, urgency, dysuria, hematuria, incontinence, polyuria, oliguria, stream, hesitancy, dribbling or incontinence, stones (pain radiates t groin), flank pain.

*Genitalia:*

**Sexual history:** Frequency of intercourse, number of partners, concerns about sexual function, use of condoms, HIV risk & screening, Hep B screening, previous infections (STD's) & treatments, male and/or female partners, pain with intercourse, swollen nodes/glands?

**Male:** Discharge, testicular pain or masses, sores on penis, hernias, impotence

**Non-pregnant female:** Age of menarche  
Menstrual cycle (regularity, frequency, flow, and duration of periods) Date of LNMP, irregular bleeding (between periods, after intercourse), dysmenorrhea, premenstrual tension, vaginal discharge, itching, sores, odour, pelvic pain, sexual activity.  
Family planning method/pregnancies.  
Last pap (any abnormalities) knowledge of reproductive System, age at menopause, menopausal symptoms, postmenopausal bleeding.

(Further OB/GYN history in obstetrics)

**Breast and Lymphatics**

**Breast:** Masses, lumps, dimples or swelling, pain or tenderness, nipple discharge (describe), do the above symptoms come and go in relation to your menstrual cycle? Are the changes in one or both breasts? SBE (frequency & technique). If 50 and over, last mammography done (if never) Any pain or swelling in the axilla?

**Lymphatics:** Enlarged nodes, tenderness, swelling or masses (site)? limitation of movement, stiffness (?associated with fever, weight loss, IV drug use etc.)

**Musculoskeletal**

**Bones and joints:** Pain, weakness, deformity, limitation of motion, stiffness, joint clicking, swelling, heat (location, onset, severity, associated symptoms, time of day, duration, ?migration) Effect on activities of daily living, Injury, Recent illness (eg. Sore throat) Joint deformity. Amount/kind of exercise

**muscles:** Pain, weakness, injury?  
Effect on ADLS?  
Twitching, cramping, pain

## Endocrine

Δ in skin pigmentation or texture  
Δ in, or abnormal hair distribution/loss  
Sudden or unexplained changes in weight  
Δ in sleep pattern or mood  
Palpitations  
Intolerance of heat or cold, sweating  
Hormone therapy  
Decreased or absent menstrual periods  
Δ in activity tolerance (fatigue or increased activity)  
Swollen neck  
Weakness, or muscle aching  
Anorexia  
Polydipsia  
Polyphagia  
Polyuria  
Blurred vision

## Hematologic

Petechiae  
Hematoma (bruise easily?)  
Spontaneous bleeding (sites?), excessive bleeding with minor trauma, duration, frequency, and severity blood transfusions.  
Inadequate diet (vitamin C or K deficiency?)  
(Anemia): H/A, dizziness, vertigo, syncope, anorexia, nausea, intolerance to cold, amenorrhea, menorrhagia, loss of libido.

## Neurological

Δ in level of consciousness, fainting, blackouts, history of head trauma, vertigo, recent febrile illness?

**Cognitive:** Change in memory (recent vs. dated), concentration, mood  
Orientation to time, place, person, (and purpose) Hallucinations  
Response to environment appropriate?

**Seizures:** If yes, need full description from a witness. Aura? Type of body movements & order of occurrence. Incontinence? Post-seizure states, treatments

**Headaches:** Onset (gradual or sudden), location, frequency, description of pain, duration, whether pulsating, aggravating/alleviating factors?  
Associated symptoms: nausea/vomiting, syncope, photophobia

Precipitating factors: meds, HTN, fatigue, stress, menstruation  
Does it follow a usual pattern? Any Δ from this?

**Disturbance of cranial nerves:**

Visual loss, diplopia, facial weakness, speech disturbance

**Motor/gait**

Muscle weakness/stiffness, tic, tremor, spasm  
Poor coordination, paralysis, ataxia?  
Interference with ADLS

**Sensory**

Numbness, "pins and needles", burning (paraesthesias)  
Pain (describe)  
Anaesthesia (absent sensation, location)  
Bowel/bladder dysfunction, impotence

**Skin**

Rashes (? associated with fever, joint pains, CNS changes)  
Itching, bruising  
Lesions, change in moles/birthmarks (color, size)  
Change in hair or nails