"It is more important to know what sort of patient has the disease than to know what sort of disease has the patient."

William Osler, 1849-1919

Purposes of patient interview

- Gather information and monitor progress
- Establish a relationship and develop rapport
- Educate the patient and implement treatment plans
Patient history

• Standardized format is used
  – Ensures all needed information is obtained
  – Outlines information in a clear, concise manner
• Facilitates communication among other health care professionals
• Same format used for “Patient Presentation”

Standardized format for Complete History

• Identifying Information
• Chief Complaint (CC)
• History of Present Illness (HPI)
• Past Medical History (PMH)
• Drug History (DH)
• Family History (FH)
• Social History (SH)
• Review of Systems (ROS)

Identifying info, chief complaint, and history of present illness

• Identifying information (ID)
  – Name, age, gender, race
• Chief complaint (CC)
  – The reason for seeking pharmacy care or identification of the probable diagnosis
• History of present illness (HPI)
  – Chronological account of the events and symptoms of the CC
HPI: assessing symptoms

- **PQRST**
  - **P:** provocative or palliative “What makes it better or worse?”
  - **Q:** quality or quantity “What is it like?”
  - **R:** region or radiation “Where is it?” “Where does it radiate?”
  - **S:** severity “How bad is it?”
  - **T:** timing “When did it start?” “How often”

HPI: assessing symptoms

- **OLD CARTS**
  - **O:** Onset – acute vs gradual
  - **L:** Location
  - **D:** Duration (recent/chronic)
  - **C:** Characteristics
  - **A:** Aggravating factors
  - **R:** Relieving factors
  - **T:** Treatments – previously tried - response
    - dose/duration
    - why discontinued?
  - **S:** Severity:

Past medical history (PMH)

- Summary of medical problems not in the HPI.
- Include date of onset and current status
- Note surgeries and recent hospitalizations
Drug history (DH)

- Current prescription medications (dose, frequency, duration of use)
- Current OTC and herbal medications (dose, frequency, duration of use)
- Medications used in the last 1-2 years, including reason for discontinuation
- Allergies, including specific reaction
- Adverse drug reactions

Drug history (DH)

- Tobacco and caffeine use. If quit smoking, report when
- Recreational drug use (alcohol and illicit drugs)
- Immunizations (tetanus, influenza, pneumococcal)
- Compliance assessment
- Side effects
- Efficacy

Family and social history

- Family history
  - Family medical illnesses. Age and cause of death if deceased
  - Note family history of relevant diseases such as diabetes, heart disease, stroke...
- Social history (SH)
  - Pertinent social information such as occupation, insurance, exercise, normal daily activities...
Review of systems (ROS)

- Common symptoms in each major body system
- If symptom positive, use tools (PQRST / OLD CARTS) to assess symptoms
- General head to toe format

The patient interview - guidelines

"The good physician treats the disease, the great physician treats the patient."

*William Osler, 1849-1919*

Before the interview

- Prepare the physical environment
  - Ensure privacy
  - Optimize comfort
  - Minimize distractions
- Prepare yourself
  - Eliminate internal and external distractions
- Review patient information
In the beginning

- Greet the patient, using the patient’s name
  - i.e. “good morning”
  - Should you use “how are you”??
- Introduce yourself
  - describe affiliation, if applicable
- Explain purpose of the interaction and expected time
- Smile 😊

During the interview

- Invite the patient’s story
  - Use open ended questions
  - Give the patient time to think
  - Allow the patient to talk without interrupting
  - Encourage elaboration
    - “tell me more” / “what else?”
  - Elicit and understand patient’s perspective

During the interview

- Clarify information
  - Summarize what you heard
    - Repeat some of the patient’s own words
  - Request clarification, if needed
  - Ask close-ended questions
  - Ensure a complete History and Review of Symptoms
During the interview

- Negotiate a plan
  - Indicate what you plan to do with the information you have
  - Prioritize problems to be addressed now and at a later date
  - Avoid jargon
  - Keep it simple and succinct

Closing the interview

- Inquire about any other questions or concerns
- Thank patient for their time
- Arrange for follow-up