Patient Interviewing: Health and Medication History

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Pharmacy 440
March 28, 2006
"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

- **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