

COMPONENTS OF THE (ADULT) COMPREHENSIVE MEDICAL HISTORY

(The patient interview)

Lecturer: Lenar Kashapov, assistant Professor PhD



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- **I. Introductory information (identifying data) – ID.**
- **II. Chief complaint and its duration – CC.**
- **A. Symptom analysis**
- **III. History of the present illness – HPI.**
- **A. Review of pertinent systems**
- **B. Concluding the history of the present illness**



- **IV. Past medical history – PMH.**
- A. Other medical problems
- B. Allergies
- C. Major childhood illnesses
- D. Injuries, hospitalizations, and operations
- E. Immunizations
- **V. Family history – FH.**
- A. Family members
- B. Specific inheritable diseases



- **VI. Psychosocial history – PSH.**
- A. Infancy, childhood, adolescence
- B. Lifestyle
- C. Homelife
- D. Occupational life
- 1. Nature of work
- 2. Toxic exposures
- E. Sexual history
- **VII. Medications and habits – MH.**
- A. Medications
- B. Habits
- **VIII. Review of systems – ROS.**
- **IX. Conclusion of the history**



I. Introductory information

Begin by collecting the identifying data about a patient from both the existing medical record and the patient. This information includes the patient's name, age, sex, race, place of birth, occupation, marital status, religion, and, if the patient has been referred from elsewhere, the source and reason for the referral. The introductory information is an important beginning from an administrative as well as diagnostic viewpoint.

II. Chief complaint and its duration

The chief complaint (CC) is traditionally defined as that problem or set of problems that makes the patient decide to seek medical attention. Questions concerning the chief complaint follow the physician's greeting of the patient and the brief questions about introductory information; they open that portion of the interview devoted to the present illness.



7 parameters of each symptom are needed to complete the CC

Dimension	Typical question	Synonyms and related ideas
1. Location	Where is the pain located?	Main site, region, radiation
2. Quality	What is it like?	Main site, region, radiation
3. Quantity	How intense is it?	Severity, frequency, periodicity, degree of functional impairment
4. Chronology	When did it begin and what course has it followed?	Onset, duration, frequency, periodicity, temporal characteristics
5. Setting	Under what circumstances does the pain take place?	Relation to physiologic functions
6. Aggravating- alleviating factors	What, if anything, makes the pain worse or better?	Provocative-palliative factors
7. Associated manifestations	What other symptoms or phenomena are associated with this pain?	Effects of disease, related concerns



III. History of the present illness.

The HPI is told by the patient to the interviewer who is predominantly a listener at this point of the interview, interjecting questions or phrases that may facilitate the flow of information when appropriate.



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IV. Past medical history

The past medical history (**PMH**) portion of the interview logically follows the HPI. This portion of the interview is devoted to defining and describing medical problems that may be related to the present illness, problems that are active but unrelated to the HPI, and problems that existed at one time but are inactive at present.



V. Family history (FH)

The history turns to questions about the family after the patient's medical problems have been explored. This part of the interview has two goals: to find out about the health of immediate family members, and to discover whether certain common diseases with a familial pattern exist.



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VI. Psychosocial history (PSH)

Specifically, insights into the patient's lifestyle, homelife, occupational life, and attitude toward the disease and the hospitalization are sought. This is also the portion of the interview in which many physicians choose to take the sexual history.



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VII. Medications and habits (MH)

This portion of the interview is devoted to discovering the names and dosages of all medicines presently or recently used by the patient. It also investigates smoking and drinking habits and the use of over-the-counter and under-the-counter medications on a regular basis.



VIII. Review of systems (ROS)

The Review of Systems (ROS) is the last portion of the interview, and it serves three purposes:

- ✓ (a) to provide a thorough search for further as yet undiscovered disease processes,
- ✓ (b) to remind the patient of possible as yet unmentioned symptoms or difficulties he or she may be experiencing,
- ✓ (c) to remind the physician in a logical manner of points of inquiry that may have been inadvertently omitted.



XI. Conclusion of the history

After the Review of Systems, the physician concludes the history by offering the patient an opportunity to question or comment with a question such as, “Is there anything else you would like to discuss before I examine you?”



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