**MN552 Advanced Health Assessment**

**Documenting Subjective information**

History and Interview

Please select a volunteer friend or family member to interview and gather data to complete this Assignment. The following guide will assist you in gathering subjective data in an organized, systematic manner to prevent omission of important components of the health history.

Date of History/Interview:

Source of history and Reliability:

 Biographical Data

* 1. Name (use initials only)
	2. Primary language
	3. Age and Date of Birth
	4. Place of Birth
	5. Gender
	6. Race
	7. Marital Status
	8. Ethnic/Cultural Origin
	9. Education (highest level completed)
	10. Occupation/Professional
	11. Health insurance (i.e. commercial, state, federal)
1. Chief Complaint (reason for seeking health care):
	1. Brief spontaneous statement in client’s own words
	2. Includes when the problem started (“chest pain for 2 hours”)
2. History of Present Illness: A well organized, chronological record of client’s reason for seeking care, from time of onset to present. Please include the 8 critical characteristics using the OLD CARTS pneumonic.

 P – Provocative or palliative (What brings it on? What makes it better or worse?)

Q – Quality or quantity (Describe the character and location of the symptoms; How does it look, feel, sound?)

R – Region or radiation (Where is it? Does the symptom radiate to other areas of the body?).

S – Severity (Ask the patient to quantify the symptom(s) on a scale of 0-10).

T – Timing (Inquire about time of onset, duration, frequency, etc.)

U – Understand Patient’s Perception of the problem (What do you think it means?)

 \*\* Put all of that information into the heading HPI in a story format.

1. Past Medical History (list down not across)
	1. Medical Hx: major illnesses during life span, injuries, hospitalizations, transfusions, and disabilities
	2. Childhood Illnesses: Measles, mumps, rubella, chickenpox, pertussis, strep throat
	3. Surgical Hx; procedures, dates, inpatient or outpatient
	4. Obstetric HX: Number of pregnancies, term deliveries, preterm births, abortions (spontaneous or induced), number of children living
	5. Immunizations
	6. Psychiatric Hx: childhood and adult (treated or hx of)
	7. Allergies: Medications, food, inhalants or other (what occurs with reaction)
	8. Current Medications: Include all prescription, herbal/supplements and OTC, dosage, frequency
	9. Last Examination Date: Physical, eye exam, foot exam, dental exam, hearing screen, EKG, chest X-Ray, Pap test, mammogram, serum cholesterol, stool occult blood, prostate, PSA, UA, TB skin test; other health maintenance tests for infants/children may include sickle-cell, PKU, lead level, and hematocrit
2. Family History list FHx
	1. Include parents, grandparents, spouse, and children.
	2. Health conditions, familial and communicable diseases/illnesses
	3. Note whether family member deceased or living

**II. Lifestyle patterns**

* 1. Immigrant status
	2. Spiritual resources/religion
	3. Health perception
	4. Nutritional patterns: Appetite (any changes); satisfaction with current weight; gains or losses; recall of usual intake; any cultural restrictions/intolerances; amount of fluid per day and type
	5. Elimination patterns: Bowel (usual pattern and characteristics); bladder (usual pattern and characteristics); any incontinence
	6. Living environment: City, state; urban, rural, community; type of dwelling, facilities; known exposures to environmental toxins
	7. Occupational health: Known exposure to environmental toxins at work
	8. Functional assessment: ADLs, IADLs, interpersonal relationships/resources
	9. Role and family relationships: Immediate family composition; how are family decisions made; impact of family member’s health on family
	10. Cognitive function: Memory; speech; judgment; senses
	11. Rest/sleep patterns: Number of hours; naps; number of pillows; any aids for sleep
	12. Exercise patterns: Type and frequency
	13. Hobbies/recreation: Leisure activities; any travel outside of the US
	14. Social habits: Tobacco; alcohol; street drug use
	15. Intimate partner violence
	16. Coping/stress management: Any major life change in past 2 years; do you feel tense; source; what helps
	17. Sexual patterns: Are you sexually active; gender preference; has anything changed about your sexual health/function

**III. Review of Symptoms**

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| --- | --- | --- |
|  | **Symptoms to Inquire About** | **Document pertinent negatives and/or positives****The first system is addressed to provide a guide** |
| **General** | Wgt Δ; weakness; fatigue; fevers | **Pertinent negatives**: No weight gain or losses; no weaknesses, fatigue, or fevers**Pertinent positives:** Positive weight gain over past 2 months with fatigue and weakness; no fevers |
| **Skin** | Rash; lumps; sores; itching; dryness; color change; Δ in hair/nails |  |
| **Head** | Headache; head injury; dizziness or vertigo |  |
| **Eyes** | Vision Δ; eye pain, redness or swelling, corrective lenses; last eye exam; excessive tearing; double vision; blurred vision; scotoma |  |
| **Ears** | Hearing Δ; tinnitus; earaches; infections; discharge, hearing loss, hearing aid use |  |
| **Nose/****Sinuses** | Colds; congestion; nasal obstruction, discharge; itching; hay fever or allergies; nosebleeds; change in sense of smell; sinus pain |  |
| **Throat/****Mouth** | Bleeding gums; mouth pain, tooth ache, lesions in mouth or tongue, dentures; last dental exam; sore tongue; dry mouth; sore throats; hoarse; tonsillectomy; altered taste |  |
| **Neck** | Lumps; enlarged or tender nodes, swollen glands; goiter; pain; neck stiffness; limitation of motion |  |
| **Breasts** | Lumps; pain; discomfort; nipple discharge, rash, surgeries, history of breast disease; performs self-breast exams and how often, last mammogram; any tenderness, lumps, swelling, or rash of axilla area |  |
| **Pulmonary** | Cough — productive/non-productive; hemoptysis; dyspnea; wheezing; pleuritic pains; any H/O lung disease; toxin or pollution exposure; last Chest x-ray, TB skin test |  |
| **Cardiac** | Chest pain or discomfort; palpitations; dyspnea; orthopnea; edema, cyanosis, nocturia; H/O murmurs, hypertension, anemia, or CAD |  |
| **G/I** | Appetite Δ; jaundice; nausea/emesis; dysphagia; heartburn; pain; belching/flatulence; Δ in bowel habits; hematochezia; melena; hemorrhoids; constipation; diarrhea; food intolerance |  |
| **GU** | Frequency; nocturia; urgency; dysuria; hematuria; incontinence**Females:** Use of Kegel exercises after childbirth; use of birth control methods; HIV exposure; Menarche; frequency/duration of menses; dysmenorrhea; PMS symptoms: bleeding between menses or after intercourse; LMP; vaginal discharge; itching; sores; lumps; menopause; hot flashes; post-menopausal bleeding;**Males:** Caliber of urinary stream; hesitancy; dribbling; hernia, sexual habits, interest, function, satisfaction; discharge from or sores on penis; HIV exposure; testicular pain/masses; testicular exam and how often |  |
| **Peripheral Vascular** | Claudication; coldness, tingling, and numbness; leg cramps; varicose veins; H/O blood clots, discoloration of hands, ulcers |  |
| **Musculo-skeletal** | Muscle or joint pain or cramps; joint stiffness; H/O arthritis or Gout; limitation of movement; H/O disk disease |  |
| **Neuro** | Syncope; seizures; weakness; paralysis; stroke, numbness/tingling; tremors or tics; involuntary movements; coordination problems; memory disorder or mood change; H/O mental disorders or hallucinations |  |
| **Heme** | Hx of anemia; easy bruising or bleeding; blood transfusions or reactions; lymph node swelling; exposure to toxic agents or radiation |  |
| **Endo** | Heat or cold intolerance; excessive sweating; polydipsia; polyphagia; polyuria; glove or shoe size; H/O diabetes, thyroid disease; hormone replacement; abnormal hair distribution |  |
| **Psych** | Nervousness/anxiety; depression; memory changes; suicide attempts; H/O mental illnesses |  |

Objective:

Assessment: Please list your diagnosis first then your differentials. Rule in and rule out diagnosis and differentials.

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4.

Plan:

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