

## History

### Date and time

### Name, age, sex and occupation

\* Significant prior diagnoses/problems

### Referral route

\* Informant (if not the patient)

### Presenting Complaints (problems)

Complete list of significant symptoms and other problems

### History of Presenting Complaints

Analysis of sequence

Symptom analysis including change in function and relevant negatives

Review of the affected system (see Systems Review)

Patient's ideas, concerns and expectations

Disabling effect

### Past Medical History

Illnesses, accidents operations by date and hospital

Relevant negatives e.g. J/DM/MI/COPD/HBP (see Macleod for abbreviations)

\* Birth history; Developmental milestones; Immunisations

\* Sexual history; Gynaecological history

### Drug and Allergy History

Name, route, frequency and precise dose i.e. mg not ml, effects including side effects

Allergies to drugs, latex, skin preparations, other allergens and nature of the reaction

### Family History

Illnesses, 3 generations if genetic inheritance possible, draw family tree if helpful

### Personal and Social History

Occupations and occupational exposure, housing, smoking, alcohol consumption, use of recreational drugs.

Other family members or carers, \* pets, travel

\* Wider environment: school, other involved health and social care professionals

\* Childhood development, education, occupations, financial circumstances, relationships including partners and children, leisure activities, forensic history

\* Significant life events: childhood, schools, marriage, house moves, work events

### \* Systems Review

General inquiry: energy level, sleep, weight change, fever, night sweats, skin rashes or other changes in appearance

CVS: palpitations, chest pain on exertion, SOBE, orthopnoea, PND, claudication, ankle swelling

RS: cough, sputum, haemoptysis, breathlessness

GIT: jaundice, appetite, weight change, mouth ulcers, dysphagia, heartburn, nausea, vomiting, abdominal pain, change in bowel habit, stool frequency, consistency, colour, smell, rectal bleeding

UGS: frequency, nocturia, dysuria, discharge, haematuria, dribbling, incontinence, libido, erection difficulties, pregnancies

CNS: headache, vision, smell, loss of consciousness, vertigo, weakness, numbness tremor, fine motor control, mobility, memory, concentration

MSK: GALS Qs: muscle joint or back pain or stiffness, difficulty dressing/stairs? joint swelling

Endocrine and blood: heat or cold intolerance, sweating, thirst, easy bleeding and bruising

## Examination

### General examination

Level of alertness, comfortable or in pain, mood, height, weight, \*dress and personal care pallor, cyanosis, jaundice, clubbing, lymphadenopathy, \*foetor oris, \*ketones

### Respiratory

Basics: Respiratory rate, central cyanosis, saturations in air/oxygen

Peripheral: clubbing, nicotine stains, CO2 flap, facial erythema,

Work of breathing: nasal flaring, grunting, puffing, accessory muscle usage, shoulder splinting, intercostal or subcostal recession.

ENT

Chest inspection: scars, ports, deformities, hyperexpansion

Palpation: trachea position, apex, excursion, axillary lymph nodes

Percussion: resonant/dull, location and symmetry  
Auscultation: character, added sounds and air entry, \*vocal resonance

### Cardiovascular

Peripheral: splinter haemorrhages, circulation

Basics: pulse rate, rhythm volume and character. BP, JVP

Inspection: anaemia, cyanosis, facial flushing, xanthelasma corneal arcus, chest scars

Palpation: apex location and character, thrills

Auscultation: heart sounds, added sounds, murmurs

Extras: oedema, liver border and span

Lower limb: colour, warmth, skin health and tabulate peripheral pulses

### Abdominal systems

Peripheral: leuconychia, koilonychia, palmar erythema, Dupuytren's contracture

General: mouth ulcers, stomatitis, oral pigmentation, spider naevi, gynaecomastia

Inspection: distension, scars, peristalsis, pigmentation, discolouration, abnormal vessels, pulsation and inguinal swellings

Palpation: tenderness, guarding, rebound tenderness, masses, liver, spleen, kidneys, aorta,

Percussion: bladder, abdomen, shifting dullness

Auscultation: bowel sounds, bruits

Extras: inguinal hernia and lymph nodes, genitalia, rectal examination (record if not done)

### Impression

Summary of basic demographics with opinion on most likely diagnosis/pathology, its cause in this patient and the patient's current functional state followed by differential diagnosis

Complex patient may require active problem list and inactive problem list

### Plan

Initial investigation, treatment and monitoring

### Information given

Record what the patient has been told and especially what has not been explained yet

### Sign off

with clearly printed name and role, GMC number

## Notes

### **Efficiency in notation**

Relevant detail including important negatives

Diagrams e.g. abdomen

Tables e.g. reflexes,

accepted abbreviations e.g. °tenderness for 'no tenderness'

### **Aide-memoires for history**

#### **SOCRATES**

site, onset, character, radiation, associated symptoms, timing, exacerbating and relieving factors, severity

#### **PLATO**

Profession, locomotion, activities of daily living, tiredness, troubles, togetherness, one's own time

#### **Smoking pack years calculation**

no. smoked per day x no. of years smoked / 20

#### **Sexual and gynaecological history**

Menarche, menses: LMP, cycle, amount, duration, interval, dysmenorrhea, IMB, PCB, smears, menopause, sexual partners, contraception, STIs, dyspareunia, pregnancies, live births

#### **Birth and neonatal history**

Mother's health in pregnancy, onset of labour, gestation, delivery, birth weight, condition at birth, early feeding

#### **Alcohol consumption calculation**

1 unit = 10 ml alcohol

NB spirits approx. 40% alcohol standard measure 25 ml (1 unit),

wine 12% measures 125 ml (1.5 units) , 175 ml (2 units) and 250 ml (3 units),

beer 4% 473 ml in a pint (2 units)

### **\* Other Systems Examinations**

#### **Neurological**

Basics: AVPU, GCS and/or MMS, Head

Circumference, \*neglect, \*stereognosis

Cranial nerves:

I – alteration in smell

II – monocular gross visual acuity, fields, fundi, pupils (PERLA)

III, IV, VI – saccades, nystagmus, diplopia with full range of eye movements

V – sensory (light touch, corneal reflex where appropriate) motor: jaw

VII – facial expressions – mandibular, maxillary, ophthalmic, taste and hyperacusis

VIII – Gross hearing, Webers and Rinne's tests, Romberg's test

IX, X – palatal symmetry, quality of voice

XI, XII – trapezius and sternocleidomastoid, tongue deviation, wasting, fasciculation

Peripheral nerves:

Inspection: posture, tremor, abnormal movements, muscle bulk, fasciculation, skin

Tone and presence of clonus

Power

Reflexes: biceps, brachioradialis, triceps, knee, ankle, Babinski, superficial

Coordination: finger nose, dysdiadochokinesia, gait, chalk line or heel toe

Sensation: light touch, pain, temperature, proprioception and vibration sense.

#### **Thyroid exam**

Goitre: size, nodules or smooth, extension below sternomanubrium, mobility

Associated cervical lymph nodes

Eye signs: lid lag, proptosis, chemosis

Skin: sweatiness, dryness, loss of outer eye brows, hair quality

Other: tremor, slow relaxing reflexes, tachycardia

#### **Musculo-skeletal examination**

GALS screen: gait, arms, legs, spine

For each examined joint: assess and tabulate –

Erythema, swelling, associated muscle wasting, angulation, posture at rest

Induration, local heat, tenderness and point of maximal tenderness, fluctuation and manoeuvres for fluid, crepitus

Active and passive range of movement

### **Mental State Examination**

Appearance, behaviour, speech, mood, thought form, thought content, perceptions, cognition, insight

#### **Abbreviated Mental Test**

score < 9 implies confusion

Ten components: age, date of birth, time (hour), year, hospital name, role of two people e.g. doctor and nurse, address, dates of first world war, name of the monarch, count backwards from 20

#### **Mini Mental State Examination**

Orientation: year, season, date, day, month, town, county, country, hospital, floor (1 pt each max 10)

Registration: name 3 objects e.g. apple, table, penny (max 3 pts, plus record number of trials needed to remember all 3)

Attention and calculation: spell WORLD backwards or serial subtracted 7s from 100 (max 5 pts)

Recall: the three objects tested in registration

Language: name this x 2 (2 pts), 'No ifs ands or buts' (1 pt), 'Take a paper in your right hand, fold it in half and place it on the floor (3 pts), CLOSE YOUR EYES (1 pt), write a sentence (1 pt), intersecting pentagons (1 pt)

#### **Glasgow Coma Score**

Motor: (6): obeys commands, localises, withdraws, abnormal flexion, abnormal extension, none,

Vocal (5): Orientated, confused, words, incomprehensible, none,,

Eye opening (4): spontaneous, to speech, to pain, none

Total score: (out of 15)

#### **Acknowledgements: Dr S Williams UHNM**

**Suggestions and improvements to  
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#### **References**

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Keele Learning Environment resources especially  
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