PATIENT INTERVIEW GUIDE

Obtain pertinent demographic information (sometimes you already have this information from the chart)
May not need to ask all of the information listed, especially if it is a quick interview

Chief Complaint
“What brings you here today?”

History of Present Illness
May not all be necessary, depending on the chief complaint; use judgment – may also need to elaborate beyond these questions

- Where it is located on the body (such as pain)
  - Does it radiate
- Timing
  - When did it start / how long has it been going on?
  - Is this a new problem / first time having this problem?
  - Intermittent or constant?
  - If intermittent, how long does it last, and how often does it occur?
- Quality (particularly important if pain)
  - Dull, sharp/knife-like, achy, pressure, tightness, tingling, etc
- Severity or intensity
- What triggers the symptom
  - What were you doing when it started
  - What causes it to occur
- Alleviating / aggravating factors
  - What helps it
  - What makes it worse
- Any other symptoms that you have?

Past Medical History
If possible find out how long current illnesses have been going on, and obtain dates for any events
It may not be necessary to ask every question, if not pertinent

- Childhood illnesses
- Adult illnesses
  - Include any recent illnesses (i.e. infection)
- Surgeries
- Hospitalizations
- Injuries
- Trauma
- Screening tests or exams

Allergies
- Prompt with common allergies, if needed (aspirin, sulfa, penicillin)
- Make sure you include the reaction
- Also ask about seasonal, environmental, contact and food allergies
Current Medications

- Prescribed medications (also determine when started and if any doses have been changed recently)
  - Questions to ask about medications
    - Name of medication
    - Dosage and frequency / change in dosage (make sure you have correct units)
    - The way the patient is actually taking it (don’t assume it’s the same as written)
    - The reason the patient is taking the drug
    - How long taking it
    - Does the patient feel it is working
    - Has the patient had any issues or side effects from it
    - Compliance / remember or able to take it (can ask how the patient remembers to take it)
  - Remind of typically “forgotten” medications:
    - Samples
    - Birth control pills
    - Creams/ointments
    - Eye/ear medications
    - Inhalers
    - Recent / current antibiotics
    - Clarify any PRN medications for frequency of use
- Over-the-counter medications
  - Herbal / natural products (including household remedies)
  - Vitamins
- Immunization status

Family History

May not always be important to ask this information (use judgment)

- Age/current health status of parents, siblings and grandparents (if applicable)
- Based on judgment could ask about similar symptoms or conditions in family

Social History

May not need to ask all of these (use judgment)

- Occupation
- Tobacco/Alcohol
- Illicit drugs
- Caffeine use (if applicable)
- Diet (especially if on a special diet; or should be on one but is not)
- Exposure (if applicable, such as with infections)
- Sexual partners (if applicable)
- Living situation
- Ability to perform activities of daily living (if applicable)
- Recreation
- Safety situations (i.e. abuse; if applicable)

Review of Systems

- Typically asked as closed-ended questions (yes/no); often will be filled out ahead of the visit
- May not need to ask all of these questions, especially if focused interview/examination- use your professional judgment
Generally move from head to toe when asking questions

If the patient has any of the symptoms, ask questions that are similar to the questions asked in HPI; do not repeat things already answered as part of the HPI (also do not document twice in the SOAPE)

Can start by saying “We are going to ask a lot of questions about common health problems. If you have any of these symptoms, say yes and I will ask you more about it”

- **General** (ask about sleep, appetite, weight changes, fatigue, fever/chills/night sweats, if clothes fit differently lately, etc)
- **Skin** (ask about rashes, hives, lumps, sores, itching, dryness, recent changes in skin/hair/nails, etc)
- **Eyes** (ask about vision issues, recent changes in vision, blurriness, double vision (diplopia), blind spots, last eye exam, ocular pain, photophobia, etc)
- **Ears** (ask about hearing, hearing aid, recent changes in hearing, ringing in ears (tinnitus), dizziness (vertigo), ear pain, drainage, etc)
- **Nose** (ask about stuffiness, runny nose (rhinorrhea), postnasal drip, itching, dryness, bleeding (epistaxis), sinus pain, reduced or enhanced sense of smell, etc)
- **Mouth/throat** (ask about issues with teeth/gums, bleeding gums, frequency of visiting dentist, sores on tongue, mouth or lips, fever blisters/cold sores, canker sores, thrush, tonsillitis, frequent sore throats, hoarseness/voice changes, etc)
- **Chest/pulmonary** (ask about coughing, sputum (including color, quantity), dyspnea, chest pain, coughing up blood (hemoptysis), wheezing, dyspnea on exertion, orthopnea, last CXR, etc)
- **Breast** (ask about lumps, pain/discomfort/tenderness, self-examination, last clinical exam/mammogram, etc)
- **Cardiac** (ask about cyanosis, syncope, chest pain / discomfort, palpitations, edema, last EKG, etc)
- **GI** (ask about abdominal pain, not wanting to eat (anorexia), N/V, diarrhea, constipation, change in bowel habits/appearance, dysphagia, odynophagia, heart burn, regurgitation, vomiting blood (hematemesis), indigestion/bloating, gas, melena, etc)
- **GU** (ask about change in frequency/volume of urine, polyuria, nocturia, pain/burning on urination, flank pain, hematuria, urgency, straining, incontinence, change in color/odor, genital discharge, sores, any other related issues with genitalia, etc)
- **Musculoskeletal** (ask about muscle pain/tenderness, backache, joint pain/swelling, tenderness/heat, etc)
- **Hematology** (ask about easy bruising/bleeding, bleeding gums, blood clots, transfusions, etc)
- **Vascular** (ask about color changes in fingers/toes from cold temperature, leg cramps, edema, loss of hair on extremities, cool extremities, discoloration of extremities, leg ulcers, varicose veins, etc)
- **Neurological / Head** (ask about dizziness, headache, blackouts/fainting (syncope), seizures, weakness, paralysis, numbness/tingling (paresthesia), burning sensations, trembling, pain when moving/walking, ability to walk/steadiness, memory loss, difficulty concentrating, behavioral changes, etc)
- **Endocrine** (ask about thyroid/goiter, recent heat/cold intolerance, excessive sweating, excessive thirst/hunger, polyuria, change in hair distribution/coarseness, breast changes, change in hat/glove/shoe size (i.e. with Paget’s Disease), etc)
- **Psychiatric** (ask about treatment for psychiatric/emotional distress, nervousness/anxiety, mood, personality changes, insomnia, hallucinations/delusions, etc)