

# SAMPLE

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# Patient History - SAMPLE

- Signs & Symptoms
- Allergies
- Medications, prescription, OTC, recreational, alcohol
- Prior medical history
- Last oral intake
- Events leading to being here

# Signs & Symptoms?

## - S/S

- Signs we observe
- Symptoms the patient tells us
- Keep probing

# Allergies?

- Interested in allergies to drugs and foods
- Do they have meds, inhaler?
- Did they take meds?
- Have they had dangerous reactions?

# Medications?

- Prescription drugs? What for? Have it with you?
- OTC meds. How much and when?
- Recreational drugs. Have to get past denial
- Alcohol. How much? When? Abuser?

# Prior Relevant Medical History?

- Good questions:
  - Do you see a doctor regularly for anything?
  - When did you see a doctor last? What for?
  - Do you have any major medical problems?
  - Diabetes, Asthma, Heart Problems, Epilepsy?
  - Are you or could you be pregnant?

# Last Oral Intake?

- You are after hypoglycemia, diabetic info, dehydration, alcohol abuse
- What was the last thing you had to eat?  
When?
- What was the last liquid you had?  
When?
- Have you been eating and drinking normally?

# Events leading up to being here

- This is the mental status question

**If patient symptoms  
indicate pain, then  
OPQRST is your  
friend**

# The Pain Questions

- Onset
- Provokes
- Quality
- Radiates
- Strength
- Time related questions - better, worse, same?

# Onset

When did this first start to bother  
you?

# Provokes

- What makes the discomfort worse?

# Quality

- Describe the feeling to me?  
What is it like? Try not to suggest

# Radiates

- Does the pain shoot or move around?

# Strength

- If ten is the worst pain you have ever felt, what is this pain right now?

# Time

- Is the pain constant or periodic?
- Getting better, worse or same?

# The Pain Questions

- Onset
- Provokes
- Quality
- Radiates
- Strength
- Time related questions - better, worse, same?

# The End

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