

HISTORY TAKING

- **PRESENTING COMPLAINT:** *What brings you in today?*
- **HPC**
 - **O (Other)**
 - **P (Provocative / Palliative)**
 - **Q (Quality and Quantity)**
 - **R (Region / Radiation)**
 - **S (Symptoms in addition)**
 - **T (Time / self-Treatment)**
- **PMH**
 - Any of these symptoms in the past?
 - Ever been to hospital before?
 - Ever undergone an operation?
 - Ever been on any long-term treatment?
 - Currently on any treatment?
- **FM**
 - Parents or siblings with similar symptoms in the past
 - Children with same symptoms?
- **SH / SxH**
 - Live alone or partnered?
 - 1 or multiple?
 - Protected sex?
 - If yes, what do you use?
 - When started being sexually active?
 - Hx of STIs?
 - Last Pap-test?
 - Results?
 - Pregnant now, or possibility to be pregnant?
 - When was last menstrual cycle?
 - Current and past occupation?
 - Are you happy with your job?
 - Smoking / Exercise / Drugs / Alcohol / Coffee / Travel (C-DATES)
- **DRUGS**
 - Are you taking any Rx / OTC / Homeopathic treatment at the moment?
- **ALLERGIES**
 - Do you have any known allergy to any substance or product?

*** RED POINTS ARE OBLIGATORY QUESTIONS FOR PATIENTS COMING FOR ANYTHING OTHER THAN REPEAT-PRESCRIPTIONS OR REGULAR MONITORING OF KNOWN CONDITION**

*** BLUE POINTS, IN ADDITION TO RED ONES, ARE TO BE ASKED TO ALL WALK-IN PATIENTS WHO ARE NOT REGISTERED WITH THIS PRACTICE AND TO ALL PATIENTS WHOSE REGISTRATION IS LESS THAN ONE YEAR.**