

# HISTORY TAKING

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# History Taking



Presenting complaint



History of presenting complaint



Past medical history



Drug history **Common cause of allergy**



Family history



Social history



Systems review

# Presenting complaint



**It's important to use open questioning to elicit the patient's presenting complaint**



*“So what's brought you in today?” or “Tell me about your symptoms”*

# History of presenting complaint

## Onset:

When did the skin problem start? (Chronic Or Acute)

Was the onset acute or gradual?

**Course** – has the rash/skin lesion changed over time?

**Intermittent or continuous** – is the skin problem always present or does it come and go (**Intermittent = chronic urticaria**)?

**Duration of the symptom if intermittent**

Related to specific time? Scabies become worse at night.

Location/distribution:

Where is the skin problem?

Number of lesions?

Is it spreading?



**Relieving factors** – does anything appear to improve the symptoms (e.g. steroid cream)?



**Precipitating factors** – are there any obvious triggers for the symptom?



**Severity**- pruritus ranges in intensity from a mild to moderate and severe



The worse is uremic pruritus caused by renal disease

• Associated symptoms:

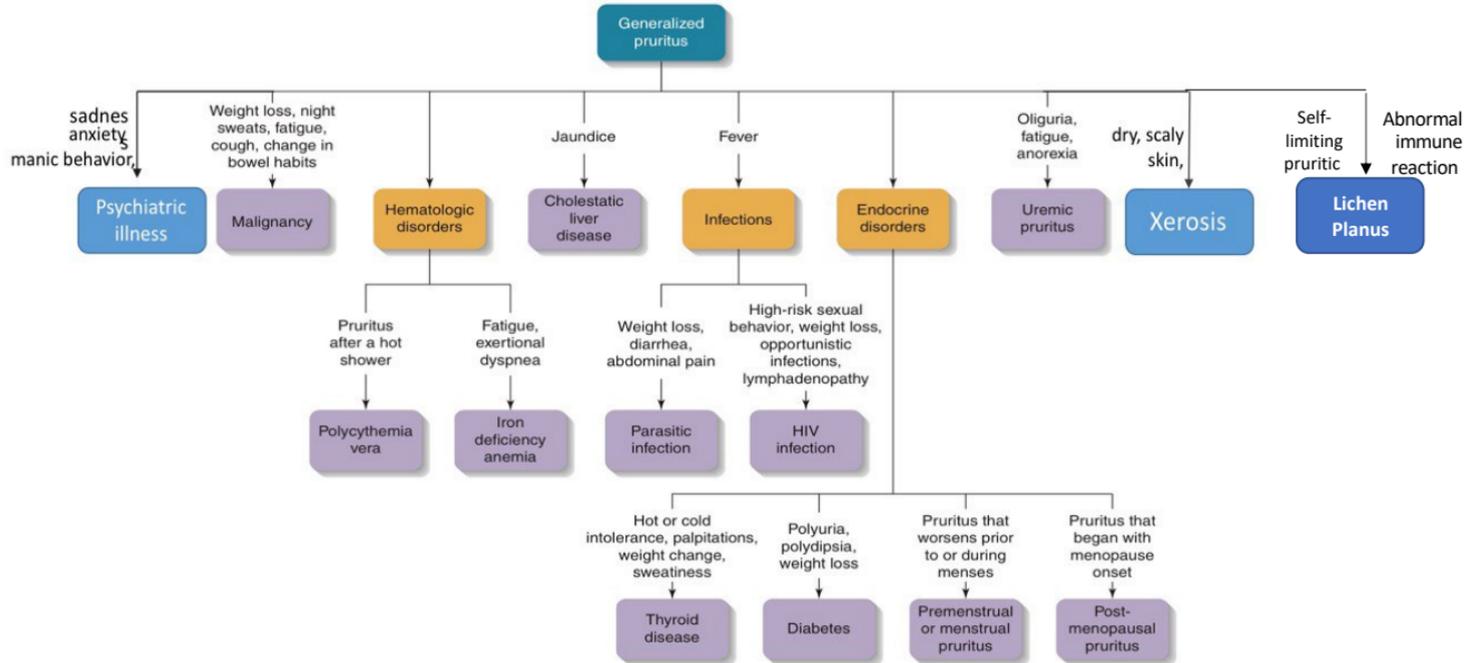


FIGURE 22-1 Diagnostic algorithm: Generalized pruritus.



# Lichen Planus

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Constitutional symptoms:  
fever ,fatigue  
loss of weight  
loss of appetite  
night sweating

## Risk factors:

- Recent contact with Sick patient who have febrile diseases.
- recent exposures to new topical, oral, or airborne substances that can cause skin lesions.
- New cosmetics and creams can trigger allergic contact dermatitis, urticaria
- Is it related to sun exposure or heat or cold?  
Systemic review
- Any recent changes at home that could be related to skin problems (*e.g. new detergent causing allergic reaction to clothing*)

# Past medical history

Operations, trauma

General medical history

Past history of skin disease

Atopy

Autoimmune disease

# Drug/allergy history



Prescribed treatments



Past drug history



Over-the-counter medications/ vitamins/supplements/herbals



**ALLERGIES (a common cause of rashes)**



Drug allergies  
(Cholroquine , morphine) can cause pruritus.



Food allergy



Inhalants allergies



Contact allergies

# Family history



**Skin conditions** – e.g. psoriasis / hereditary hemorrhagic telangiectasia



**Skin cancer**



**Atopy** – eczema / asthma / hay fever



**Autoimmune disease**



**Inherited disease**



**Familial incidence**

# Social history



**Occupation:**



Are the skin problems worse at work?



Do the skin problems improve when the patient is off from work?



Is the patient exposed to any skin irritants or other hazardous substances?



**Smoking** – How many cigarettes a day? How many years have they smoked for?



**Alcohol** – How many units a week? – *type / volume / strength of alcohol*



**Recreational drug use** – *e.g. cellulitis from IV drug injection sites*

**Table 1. Historical Findings That Suggest Etiologies for Pruritus**

<i>Historical finding</i>	<i>Possible etiologies</i>
New cosmetics or creams	Allergic contact dermatitis, urticaria, photodermatitis
New medications, supplements, or illicit drugs	Urticaria, fixed drug eruptions
Recent travel	Pediculosis, scabies infestation, photodermatitis, urticaria
Hobby or occupational exposure to solvents, adhesives, cleaners	Irritant contact dermatitis, xerosis, atopic dermatitis, eczema
New animal exposures	Flea infestation, allergic contact dermatitis, urticaria
Sick contacts, especially those with febrile diseases and rashes	Rubeola, mumps, varicella, scarlet fever, cellulitis, fifth disease, folliculitis
Unexplained weight changes, menstrual irregularity, heat/cold intolerance	Thyroid disease with secondary urticaria or xerosis
Unexplained weight loss, night sweats, unexplained fevers, fatigue	Lymphoma with secondary generalized pruritus
Malaise, nausea, decreased urine output	Renal failure with generalized pruritus

Previous or current treatment for this skin problem (did it work?):

Prescribed medication

Over the counter medication

**Contact history** – has the patient been in contact with an infectious skin problem (e.g. chickenpox)?

**Previous episodes** – has the patient experienced this problem previously? Eg. herpes simplex

When?

How long for?

Was it the same or different than the current episode?

# Sun exposure



Important when considering skin cancer in the differential diagnosis



Ask the patient about how their skin reacts to sun exposure to help determine their skin type ([Fitzpatrick scale](#))

# Travel history

Where did the patient travel to?

How long was the patient there?

Is the patient aware of any exposure to infectious disease?

Sun exposure – was the skin problem worsened by sun exposure? (*e.g. facial rash in lupus*)

# Systemic Review



**Cardiovascular** – Chest pain / Palpitations / Dyspnoea / Syncope / Orthopnoea / Peripheral oedema



**Respiratory** – Dyspnoea / Cough / Sputum / Wheeze / Haemoptysis / Chest pain



**GI** – Appetite / Nausea / Vomiting / Indigestion / Dysphagia / Weight loss / Abdominal pain / Bowel habit



**Urinary** – Volume of urine passed / Frequency / Dysuria / Urgency / Incontinence



**CNS** – Vision / Headache / Motor or sensory disturbance / Loss of consciousness / Confusion



**Musculoskeletal** – Bone and joint pain / Muscular pain

Any Questions?



Thank You

➤ References:

**Medscape**

**Lectures**

