



Certification Resources: Case Study - Template

A case study/history is generally started in paragraph form and then divided into sections for specific medical history and findings.

- Age, sex and chief complaint of client:** i.e. 27 y.o. female presents with a chief complaint of daily headaches and abdominal pain.
- Height and weight:** Client is of average height at 5'4" and overweight for height at 197 lbs.
- Marital status, number of children, and living status:** Client lives alone or client lives with her husband of 17 years and their 3 children -- ages 2, 6, and 10.
- Occupation:** Client is employed by a local bank where she works as a receptionist 40 hours a week.
- Education:** Client is a high school graduate who completed 2 years at university level before becoming pregnant and dropping out to raise her family.
- Travel, if possibly relevant to history:** Shortly before the onset of her chief complaints, client spent 2 weeks on vacation in Mexico; a year before that she spent a month in Africa.
- Pets:** Client has 2 dogs, 3 cats, 2 birds, and a monkey.

Example Paragraph

For your submitted studies, leave out the name and either use a pseudonym, pronouns, or "client".

Mary Jones is a 27 y.o. female who presents with a chief complaint of daily headaches and abdominal pain. She is of average height at 5'4" and overweight for her height at 197 lbs. Mary lives alone with her husband of 17 years and their 3 children -- ages 2, 6, and 10. Mary is employed by a local bank where works as a receptionist 40 hours a week. She is a high school graduate who completed 2 years at university level before becoming pregnant and dropping out to raise her family. Shortly before the onset of her chief complaints, Mary spent 2 weeks on vacation in Mexico; a year before that she spent a month in Africa. She has 2 dogs, 3 cats, 2 birds, and a monkey.



HISTORY OF CHIEF COMPLAINT(S)

- Onset: when started, mode of onset, mode of ending, initial treatment if any
- Progression
- Previous occurrence
- Quality of pain or discomfort
- Radiation to other body parts
- Review of any other related or concurrent symptoms
- Site of discomfort or pain
- Setting under which symptoms occur
- Severity
- Timing
- Associated symptoms
- Better with – relief obtained by activities, positions, treatments or lifestyle factors
- Contributing factors to worsening of symptoms
- Duration
- Effect on day to day activities
- Frequency

EXAMPLE OF HISTORY OF CHIEF COMPLAINT IN PARAGRAPH FORM:

Headaches and abdominal pain were first noticed approximately 3 years ago, shortly after returning home from a family vacation in Mexico. They were mild at first and infrequent. As they became more frequent, they were accompanied by bouts of abdominal pain and gas. Client reports that she'd had previous bouts of headaches and nausea as a teenager, shortly after the onset of menstruation.

Headaches are described as dull and throbbing with occasional sharp stabbing pains in the region of the left temple. Sometimes the pain radiates into the back of the skull and occasionally into the shoulder blade region.

The headaches are often but not always accompanied by pain in the lower right quadrant of the abdomen and are occasionally accompanied by nausea and visual disturbances. Headaches occur approximately once a week, and abdominal pain almost as frequently. In addition, she reports gas and bloating almost daily, especially within an hour after eating sandwiches and pasta.

At their worst, headaches are rated as 6 on a 0-10 pain scale. Abdominal pain ranges from 3-6.

Headaches are worse when she is under a lot of stress and better on the weekends and when on vacation. Eating a gluten-free diet has helped as well, but her compliance is low.



REVIEW OF BODY SYSTEMS

- General:** brief description of any fatigue, fever, appetite, weight, or sleep issues; if none, say no general complaints
- Digestive:** brief description of any digestive complaints; if none, say no reported digestive complaints
- Endocrine:** brief description of any complaints related to blood sugar, adrenal, thyroid, or genitourinary; if none, say no reported complaints related to endocrine glands
- Immune system:** brief description of any complaints related to allergies, autoimmune, or frequency of infectious illness; if none, say no reported complaints related to the immune system
- Respiratory:** brief description of any complaints related to sinuses or breathing; if none, say no reported complaints related to the respiratory system
- Cardiovascular:** brief description of any complaints related to blood pressure, circulation, or heart; if none, say no reported complaints related to the cardio system
- Musculoskeletal:** brief description of any complaints related to bones, joints, muscles, or movement restrictions; if none, say no reported complaints related to the musculoskeletal system
- Neurological:** brief description of any complaints related to numbness, tingling loss of sensation, paralysis, or mood disturbances; if none, say no reported neurological complaints
- Skin (often referred to as integument):** any rashes, acne, or breakouts reported; if none, say no reported complaints related to the skin (or integumentary system)
- Dental:** any issues related to teeth, current dental work, fillings, root canals, bridges, implants, and missing teeth; if none, say no reported dental complaints or dental work in progress

NUTRITION AND LIFESTYLE HABITS

- Foods eaten and foods avoided:** any specific symptoms reported after eating known food allergies or sensitivities
- Hydration habits:** how much water consumed and quality of water (tap, filtered)
- Unhealthy habits:** alcohol, caffeine, and tobacco – current and past
- Exercise habits:** frequency and duration, types, and how client feels afterwards
- Sleep habits:** number of hours, is it restful, time to bed, time up in the morning, shift work currently or a history of shiftwork
- Stress:** gage what is most stressful, duration, and severity of stress; describe any of the client's stress management habits, if any



MEDICATIONS AND SUPPLEMENTS

- Medication history:** thorough current and past medication history including frequency, timing, duration, doses, brands, reason, noticeable benefits, side effects, whom prescribed by and for what; if discontinued, why?
- Supplements (current):** frequency, timing, duration, doses, brands, reason, noticeable benefits, side effects, whom prescribed by and for what
- Supplements (recent past):** list and reason for discontinuing

ENVIRONMENTAL INFLUENCES

- Exposures:** in the home, garage, lawn, new carpeting, paint, cleaning and personal care products, occupational exposures.
- Sensitivities:** include all known sensitivities, current exposures, and past exposures

PAST HEALTH AND FAMILY HISTORY

- Illnesses
- Injuries
- Surgeries
- Hospitalizations
- Childhood health history and diet
- Antibiotic use
- Prenatal care
- Trauma: emotional and physical
- Family history: past and present

RECEPTIVENESS

- Note how ready and willing the client appears to be to take charge of his/her health and make diet and lifestyle changes to support recovery