



## **History Taking: Chief Complaints and Body Systems Transcript**

Next we are going to talk about the history of the chief complaint. History of the chief complaint is a term that is used very commonly in medical history taking so I carried that through so it is familiar for you if you are coming from the standard, traditional medical world. It is really basically what is it that the person wants to address.

What are the complaints, the symptoms, syndromes, the diseases, whatever they may be calling it that they are basically seeking your help for? There is a mnemonic that helps you remember all of the questions that you might want to ask or that I recommend that you ask. You do not have to necessarily do it in this particular order but it helps to remember them so you don't leave anything out. We are going to have two slides on this and talk about two different sets of mnemonics that will carry you through the most important questions to ask.

Before we begin let's make sure that you are aware that any of the information I'm presenting here is not intended to replace a one-on-one relationship with a qualified healthcare professional. It's also not medical advice and when you are presenting to your clients you need to be really careful and make sure that they are aware that what you are presenting, and what I'm presenting here today, is intended as a sharing of my knowledge, information, clinical research and clinical experience over many years.

I encourage you, and you should encourage your clients, to make their own healthcare decisions based upon your research and in partnership with a qualified healthcare professional. This is especially true for people who are on any medications. I just want to make sure that the things that we talk about in terms of nutrition are not going to interfere with the protocols.

The first most important thing is onset. That is the O. The mnemonic is OPQRST. O is for onset. When did it first begin? What was the mode of onset? What was the mode of ending, if it ended? What was the initial treatment, if any? When I say ending, if it was a trauma did it have a particular time when you were injured and then a time when you received treatment and what was your initial treatment if any?



Then the progression. How did it progress? If it was a trauma or if it was an acute onset of an injury or illness, how did it progress? Was it suddenly there, or did it gradually build up? Sometimes after a trauma the pain builds up slowly. You feel fine and then over the course of the next 24 hours it starts to starts to get worse.

Previous occurrence is the other thing you want to look at. By previous occurrence I mean, is this the first time it has ever happened or has it happened in other points in their life? You want to get the details about that because that makes a difference in whether this is a chronic, recurring problem or if it is something brand-new. If it is a chronic and recurring, you will want to look at factors in their life, maybe specific stressors or specific exposures that may trigger it from time to time.

What is the timing of that previous occurrence in terms of time of day, or time of the month? That is actually under the T. So you've got O, P, there are two Ps, progression and previous occurrence. The Q is for the quality of the pain or discomfort if there is a pain or discomfort. Is it sharp? Is it dull? Does it radiate? Is it like pins and needles? You want people to really explain to you what the quality is, because that will determine what is going on. If you are not trained to be looking at musculoskeletal things and they are talking about shoulder pain, you might be in over your head. But you might look at the nutritional components of that and you can refer them to the appropriate person to get hands-on bodywork, but explain to them the connection with inflammation and biochemistry and that they may be wanting to seek concurrent care.

Radiation. Does it go to other parts of the body? Sometimes pain starts in one area and it radiates down distally. That gives you an idea of what kind of problem it is. Certain organ things like shoulder pain from a liver problem, or chest pain that radiates down into your arm or neck or chin from a heart problem, and sometimes gastro-intestinal problems can radiate up to the shoulder or the diaphragm. There are a lot different places that you can pinpoint.

We want to look at any other related or concurrent symptoms. They say they have headaches and you find out that the headaches first started when they turned 13, and the headaches progress and get worse at certain times of the month. At the same time that they get headaches they also get a little bit of nausea. You might be thinking, is this related to menstrual periods? When you ask about other concurrent or related symptoms it gives you more of a clue as to where you are looking for the site of the problem.



Then you look at S. There are three S's: Sight, Setting, and Severity. The S of sight is, where is it located? Are they having diffuse pain? Are they having pain in just a few joints? Are they having pain in their abdomen? Are they burning going up their esophagus? Where is the pain, or the discomfort, or the symptoms; maybe numbness and tingling that they might be having? What is the setting under which their symptoms occur? Does it always happen when they are at work? Does it always happen after they had a fight with their spouse? What kind of stressors or environmental factors might be telling you what is going on based on the setting under which the symptoms occur?

Severity. Is this a minor irritation or is it really severe and debilitating? That is important to know. And also the timing: Does it happen at a particular times of day? Times of the week? Times of the month? Is it timed with any specific activities or locations?

The second part of this has ABCDEF, we are using the alphabet--OPQRST and ABCDEF. There are a few things that you want to know when you talk to someone about what is going on with them.

A -- Associated symptoms. Things that always happen in concurrence with their chief complaint. Maybe every time they get a headache they also get a pain at the bottom of their foot. I am just making that up.

B -- Better with. What do they get relief from? What activities? What positions? What treatments? What lifestyle factors? It is really important to ask them, what are the treatments that you have had for this? Have you had acupuncture? Have you done herbal medicine? Have you done a dietary protocol? Have you done medications? Physical therapy? Ask them what they have done to try to get this thing resolved, because you will know based on what helps it and what hinders it, you will know best what things might be going on and what you might approach it with. If they say, I have been taking this supplement and that supplement and doing this diet and it has not changed, then you would be looking for, what else can they do rather than telling them the same things that they have already tried.

C -- Contributing factors that make the symptoms worse. What contributes to it being worse? Is it the time of the month? Is it every time that your son plays loud music? Is it when you are in the car or a gas station? Some people have environmental illnesses that are worse when they are in the shopping mall. That is an indication that their liver may not be handling toxins very well. These are all the things you want to ask about so that you can then understand what the underlying problem is associated with.



D – Duration: How long does it last? Is this a chronic problem that is there all the time or does it come episodically? Do they have sleepless nights three days out of the month that just happens to coordinate with ovulation or with their period? How long does it last? Does it only last for a few minutes or does it last for a few hours? Or days? Or weeks?

E – Effect: How does it affect your day-to-day activities? Is it debilitating when you have a flare-up? Are you in bed for days or is it just a minor annoyance and you are just tired of it and you want to get it taken care of?

F – Frequency: How often does it happen? If it is an episodic kind of thing, how frequently is it happening and if it is more than a daily thing how many times a day?

People will tell me, 'I have hot flashes'. How many times do you have hot flashes? 'Well I have them three or four times a day'. Or somebody else may say 'oh yeah these hot flashes are miserable'. How often do you have them? 'Three or four times a week'. Someone else may say 'oh yeah I have these hot flashes and they are really annoying'. How often do you have them? 'Three or four times per month'. It gives you an idea how severe the problem is and what we need to be looking at in terms of helping them to manage it. Let's stop here and take a look at the actual forms I am providing you with to help you to assess the history of the chief complaint.

I don't have all of those OPQRST and ABCDEF. I don't have all of those questions on the form because I find I just really prefer to ask the questions rather than having all of those on the form. You may choose to have them all on the form and just ask them. When does it start? What makes it worse? What makes better? But after a while I think people try to be really quick when they are writing in the forms which is good in some cases where it is not the most relevant information and they are trying to share with you the details about how the neighbor cooked vegetable soup for them when they were in the hospital with their gallbladder attack. They can get off in tangents. But with the history of the chief complaint I really think it is important to ask them. You can put some of the questions on there. You can see I put some of them on, but not all of the questions because you tend to get a better history when you ask the person. You have them list them and then you go from there.

The history of their primary health challenges. Basically I have them identify and list the top health challenges.



Only one is mandatory, you see the little red star which means that it is mandatory in this form software and you have to put at least one, otherwise why are they bothering. So they put at least one and they can put up to 10. I don't encourage them to put up to 10 but people get a little annoyed when you only have space for three and they have five or eight or whatever so I decided to just go for 10. It is a computer form; it is not really a waste of paper.

The next section I have them rate the severity of each of the health challenges, and again they do not have to fill them all in. It is anywhere from 1 to 10. One meaning a minor annoyance, 10 meaning really severe and intolerable. That gives you an idea of how severe these challenges really are in relationship to each other and in relationship to the total person.

Then I have them rank the priority of each of these. The priority meaning urgent, I need to get it fixed right away, all the way down to low priority. That is all I put on the *History Of Chief Complaints* online form. I have a few more things on the other form and I will get to show you that.

Here we have the *Chief Complaints/Concerns*. Have them list the problem and here we have a little space so they could put just a little bit about the onset. Really we are just looking for a date, September 14, 2008. How often does it happen and what is the severity? Then I have a spot where they can say what diagnosis or explanation has been given to you. What have you been told is the problem that is causing these particular symptoms? When was the last time you felt well? It is a question I always ask people in the initial interview after we have gone over what their chief complaints are. When is the last time you felt really well? Some of them will go, 'when I was eight years old'. You can get some amazing information when you ask that question.

Then, did something trigger your change in health? They will think, 'my parents got divorced and I ...' and 'I was shuttled between houses' and then of course the exacerbation, and what makes it better and what makes it worse. Then below I ask a few other questions, what physicians have you seen for the above health conditions? What alternative treatments have you tried? Then there is a list of alternative treatments. It gives me an idea of what they tried and then I can ask them in the interview, how effective was it? What was the most effective treatment? You can ask a lot of questions.

You can see that the actual form itself is very short and sweet. The next major segment of the history is, *what is currently going on besides this main complaint* that they've got, besides this main thing that is going on for them, what else is going on? What other things are going on?



The *Review Of Body Systems*. That is a brief review where you can do it on paper or you can do it orally when you're talking to them. I recommend that you do it on the form. I do a very generic form that says, what is going on, what challenges do you have the respiratory system? What challenges do you have with your digestive? What challenges do you have with your sexual area? I just ask them that and have them fill it in.

Also (later on I look at) I have some scorecards; a little symptom inventory that I have them do. That may seem like a duplication of effort and you may choose not to do that but I like to do that because when you give them an open box to talk about it sometime to get a lot more detail. They will explain if they have heartburn three times a week. They will explain that certain foods trigger, lying down in bed triggers this. You get a lot of information when you have an open-ended question with some people. Some people it just does not matter it is a quick yes or no answer and they are out of there. That is where you really need to start asking the questions during the interview.

The goal is to keep the interview time down. You do not want to spend three hours with a person on the first health consultation. Quite frankly you can, it would be very easy to do that. We are going to go through a review of all the body systems; we are going to look at their *Nutrition And Lifestyle Habits*. We will look at the *Exercise Habits And History*. We will look at their sleep habits and history.

*Stress Evaluation And Risk Assessment*, this is a really important piece and we will talk more about it when we get there, but the stress evaluation for certain stressful events that happen in your life that have actually been studied and shown to be impacting your health. Certain things put you at higher risk of heart disease or higher risk of stroke or even death if you've got certain key stressful events happening in your life. It is not just the events that cause this, it is the management of those events, how you respond to them.

One of your goals as a health coach is to really focus on helping people to see how their stress levels affect their biochemistry and affects their health overall. It is an important questionnaire to do.

*Medications And Nutritional Supplements*. You want to make sure you've got their medications covered. You want to know what those medications are. And what supplements they are taking.





And really look into if there is some indication of side effects or what I call the effects of polypharmacy where they're on multiple medications and one medication causes certain symptoms.

Then the doctor put them on another medication for those symptoms; and then they are referred to a specialist and they put them on more medications, and that they are on so many medications that I have actually said to somebody 'talk to your doctor about stopping all of your medications and see how you feel'. Or they will speak to me and they will say 'oh I do not think I need this anymore', and I will say, 'talk to your doctor'. I have had someone go off six medications over the course of a month or two just because of them getting their act together with their body.

*Environmental Influences* are huge. If somebody works near high-power lines, or works in an environment where there are a lot of chemicals, or uses a lot of chemicals at home in cleaning products and pesticides and make-up even, they can be very toxic so we look at those environment things. We also look at their *Dental History* and what is going on in their mouth because infections in the mouth can create stress in other parts of the body. It can actually create cardiovascular stress and other things.

You want to talk to them about their dental health. If you see them in person you can have them open their mouth and take a look. They may have some abscesses. There is a mapping that I have given you. You will see it on the page, which maps out all the different teeth to different parts of your body. This is Chinese medicine and they are related to the acupuncture points and meridians. Also various emotions, so I've shared some of those charts with you. It is really important to find these things out, because they may be having a systemic problem and chronic fatigue because they have got some decay in their mouth or they've got some old root canals that have gone bad.

Finally, *Current Health Care Procedures* that they are doing. That would be if they are doing acupuncture or chiropractic, or they are getting IVs, or they are getting dialysis. Hopefully you will not see too many people on dialysis, but that would be awful nice to get some people on dialysis working on their nutrition. You want to ask them about that. I do not have a questionnaire for that because that is usually something that comes up as I am going through the history of their chief complaint. I wanted to point that out separately. It is really important that you ask people about their health care practices. Who else is on their team right now? You want to look at it as a team, all working together for the better and greater good of this particular person.



Let's start with the *Review Of Body Systems* and then we will go to the page and we will take a look at the *Review Of Body Systems* evaluations. Some of the things they can be experiencing are:

*General:* fatigue, fever, appetite, weight, and sleep. You want to look at that. Are they having any of these general symptoms in those areas?

*Digestive:* Are they having symptoms in the digestive tract? You want to ask about how is your digestion? Do you gas or burp after your meals? Do you consider yourself to have healthy digestion? What does that mean? You are going to ask them about their bowel movements. Their bowel movements are very important indicators about the health of their body and not having enough of them can create quite a tizzy.

*Respiratory.* Ask them things about how well they breathe. Do they get short of breath at certain times? Do they get mucous filled up? Do they wheeze? Do they have a history of asthma?

*Cardiovascular.* You want to ask them, do they get pains in their calves after running or exerting their body? Do they have chest pains? Have you ever been told that they have angina? We are actually going through today's current symptoms and we will have another review where you can go back and ask them all of their past symptoms.

*Musculoskeletal.* Do they have aches, pains, swellings in their joints and in their muscles? *Neurologic* and that includes things like headaches, tension problems, depression, and anxiety. These are the focus.

*Reproductive* problems. Are they trying to get pregnant and they have not been able to? Are they having hot flashes? Have they been trying to get their sex drive back because they have no sex drive? There are all sorts of questions in that area and we can take a closer look at when you look at the hormone regulation questionnaires.

*Urinary.* How often do they urinate? What is the flow like? Do they have very yellow urine or is it more dilute? Do they have pain in their kidneys? Do they have bladder infections on a regular basis? All sorts of things to ask in that area.





*Hormones.* You can ask them about their *Hormones*. When I say hormones I do not just mean their sex hormones like estrogen, progesterone, and testosterone.

I am talking about their adrenal hormones, the thyroid hormone, their growth hormone, leptin, these are all really important hormones that regulate appetite and fat burning and blood sugar levels. These are really important hormones to ask about.

*Skin.* You want to ask about the *Skin* especially if they have digestive problems because the skin is yet another avenue for toxins to leave the body and when you get a backup in your colon and you are not releasing through your colon: oftentimes you develop skin rashes to expel toxins that way.

*Liver,* your liver is something you want to ask about. You can ask about pain underneath the right rib cage. You can ask how do you digest your fat? Do you have problems with fat digestion? Do you have clay-colored stools? We will see in a little bit some of those questionnaires and how important those questions are.

Let's go to *Review Body Systems* and let's look at the online form. This online form is a real basic form. I leave a lot of room for people to open up, share if they want to, and some of them do and some of them don't. I asked if there are any current health concerns, symptoms, or diagnoses you are experiencing for each one of the following body systems. If you are not sure or if it is questionable, write 'unsure'. If there are no issues, write 'none'.

We do the same systems I just mentioned: *Musculoskeletal, Neurologic, Cardiovascular, Respiratory, Digestive, Urinary, Reproductive Sexual Systems, Skin And Hair*. What is that skin doing? Is it drying out? Is the hair falling out? *Mental and Emotional*, mood swings. How are you feeling? *Hormonal Systems, Focus And Learning Capabilities*. Some of these can be wrapped up in others. I separate them out because most people don't consider them all together. They more consider them to be individual. That is the *Review Of Systems*.

Let's take a look at the Word version of that file, of the *Review Of Systems*. We have given you a Word version and a PDF so you can play around with it. You can add some things if you feel like things are missing, or you can take some things out if you feel like it is too much. It just goes on and on. This is not a scorecard; this is not how often do you have it. This is just asking, are you currently experiencing, or in the recent past. Skip any that don't apply. Just click, click, click and it will give you an idea of where some of the symptoms are. Again, it is not a scorecard. It does not tell you how severe the problem is. We do that more on the scorecards.



Again, if you feel like this is too much duplication and you don't want to be quite this thorough, you are welcome to not use it. I actually do not use this particular form anymore, because I feel like it is too much. There may be certain circumstances that I would, especially if I have someone who does not like to write and is not good at typing and does not really want to spend a lot of time, or they are hard to communicate with, I will have it done in writing. Also we do something like this one when we are dealing with someone with an older relative who is not as coherent as they ought to be.

They can chat with their relative and they can fill this in very easily. I do not use this one very much but you can see that it is very, very thorough. It has all of the systems and all of the symptoms. It is really good to study something like this because the more you look at it the more you are going to be able to spew these things off the top of your head – oh yeah, they have this symptom, that symptom and another symptom.

That is basically the *Review Of Systems*. We are going to stop here and then we are going to go on to the next video and look at the *Dental*, the *Environmental*, and the *Diet*.