

History and Physical Form

Teacher Instructions for the History and Physical Form

In order to provide the students with a practical application of medical terminology and abbreviations, we have created this history and physical form. Suggested use of this form includes:

1. Have the students define the medical terms and abbreviations.
2. Have the students pretend to be patients and medical assistants in a physician's clinic. The students can take turns interviewing themselves. The students, as they are pretending to be patients, should come up with a name and a disorder and should try to pick symptoms common with their disorder. Sample scenarios are included on pages 3 and 4.

HX and PX Form

Date _____

Name _____

Age _____ DOB _____ Sex _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Insurance Company _____ Policy number _____

Place of Employment _____ Address _____

Phone (_____) _____ Job responsibilities _____

Parent/Guardian, if minor _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ E-mail _____

Patient's CC: (Record pt.'s VS in this section)

T: _____ P: _____ R: _____ BP: _____

Patient's PH:

Do you have or have you ever had the following? Check each box that is answered "yes".

- | | | |
|---|---|--|
| <input type="checkbox"/> Erythema | <input type="checkbox"/> Murmur | <input type="checkbox"/> Hematuria |
| <input type="checkbox"/> Cephalgia or syncope | <input type="checkbox"/> Chest pain | <input type="checkbox"/> Polyuria |
| <input type="checkbox"/> Diplopia | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Fatigue or lethargy |
| <input type="checkbox"/> Presbycusis | <input type="checkbox"/> Dyspepsia | <input type="checkbox"/> Depression |
| <input type="checkbox"/> Sinus trouble | <input type="checkbox"/> Nausea and/or emesis | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Peptic ulcer | <input type="checkbox"/> Fibromyalgia |
| <input type="checkbox"/> Anorexia | <input type="checkbox"/> Rectal bleeding | <input type="checkbox"/> Lumbago |
| <input type="checkbox"/> Pharyngitis | <input type="checkbox"/> Hemorrhoids | <input type="checkbox"/> Fx When? _____ |
| <input type="checkbox"/> SOB | <input type="checkbox"/> Weight gain or loss | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Persistent cough | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Diaphoresis | <input type="checkbox"/> Nephrolithiasis | <input type="checkbox"/> Edema |
| <input type="checkbox"/> TB | <input type="checkbox"/> Dysuria | <input type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Scarlet fever | <input type="checkbox"/> Hypothyroidism | <input type="checkbox"/> Arrhythmia |

Yes or No

Are you currently taking any medications? _____ If yes, please list them:

Have you ever been treated for any type of CA including carcinoma, leukemia, lymphoma, or sarcoma?

Do you use tobacco? _____ Do you use ETOH? _____

Do you have problems performing your own ADL? _____

Are you allergic to any medications? _____ Please list:

Did you ever receive benefits from a medical insurance claim due to illness or injury Yes () No ()

Women Only

Dysmenorrhea Yes () No () LMP _____

Date of Last Mammogram _____ Performs BSE? _____

Men Only

Performs TSE? _____

**Please use this space below to explain any "yes" answers*

Patient History and Scenarios

Step 1: Assign each student one of the following scenarios. Have each student research the patient's condition and be prepared to answer questions related to health history and current health complaints.

Step 2: Pair students up and have them interview one another and fill in patient history form. Each student is to role play the scenario they have been given to research.

Patient Scenarios

1. A 57-year-old male suffering from a MI. History of HTN, Arteriosclerosis, and a forty year two pack a day cigarette smoking.
2. A 82-year-old woman with left sided weakness and a diagnosis of a CVA. History of DM, bladder incontinence, and glaucoma.
3. A pregnant 25-year-old woman with a history of gestational diabetes, toxemia, and severe headaches.
4. A 33-year-old woman with a history of TIA's, muscle weakness, and DVT's.
5. A 40-year-old male with Chron's disease. History of depression and suicidal tendencies.
6. A 20-year-old homeless male with a history of ETOH use, TB, and schizophrenia.
7. A 35-year-old female with morbid obesity presents with a history of sleep apnea and a cholecystectomy.
8. A 17-year-old female with a history of fatigue, severe dysmenorrhea, and PID.
9. A 18-year-old male with gonorrhea, UTI, and a history of asthma.
10. A 21-year-old male with a history of oxycontin and heroin use, peptic ulcers, and severe acne.
11. A 56-year-old female with Grave's disease. History of severe weight loss, increased appetite, sleeping disorders, and heart palpitations.
12. A 14-year-old male suffering from heart arrhythmia's, syncope, and chronic fatigue.
13. A 5 day old premature baby boy with jaundice, high-pitched crying, and restlessness. (You will answer as the parent)

14. A 67-year-old female presents with pneumonia. History of arthritis and uterine cancer.
15. A 5-year-old female presents with chickenpox. History of a broken clavicle and eczema.
16. A 13-year-old female presents with spiral fracture to tibia with complete fracture through the tibia and fibula growth plate. History of appendectomy and hypoglycemia.
17. A 8-year-old male with history of hemophilia, multiple blood transfusions, and is positive for HIV.
18. A 71-year-old male presents with rectal bleeding, arrhythmia's and is HoH.
19. A 88-year-old female presents with hemorrhoids. History of emphysema and scarlet fever.
20. A 15-year-old female with Down's Syndrome presents with epileptic seizure activity. History of esophageal stricture and amenorrhea.