



# Patient Narrative Instructions

## Patient Instructions on How to Compose a Personal Medical History

The reason for a detailed patient history is profound and complex, but can be simplified to a few key points. Primarily, it allows the doctor to sit back and read the details of the patient's ordeals, suffering, symptoms and testing procedures, while allowing the formulation of a working diagnosis, as well as formulating questions to address without being constrained by time or other limitations. Additionally, the finalization of this document provides you – the patient – with a concise and detailed record to provide to other health care professionals. The history allows the patient to take their time, in the comfort of their own home, and be as thorough as possible, without any stressors or pressure, in order to maximize our clinical efforts at both a successful diagnosis, as well as possible therapeutic initiative.

It is important to be as detailed and thorough as possible – the more information that is provided, the better the chances that we can be very specific in our analysis, diagnosis and prognosis. This document is a short guide for you – the patient – towards this end.

The history must be in a typed format and emailed as a Word document (preferred), or a PDF. It must be composed in your own words – not short form answers to the summation found below, and shall be provided as a SEPARATE document. Your co-operation in this matter is appreciated.

For further information and/or guidance many free websites are available. Here is a link to one such useful site: <http://www.wikihow.com/Take-a-Medical-History>

# Begin with the Following

1) Your name, age, date of birth, ethnicity and other relevant data

2) List of Symptoms / Concerns

Here you will list your main symptoms and/or concerns as well as narrative of why you are being seen. The list should be in order with the most concerning symptoms listed first and the least concerning last. Please be specific and detailed.

3) Details of Your Condition and / or Symptoms (Past for Present)

Here you will detail your condition and/or each individual symptom/concern. This may include both physical and mental health, as well as acute and/or chronic conditions. You may want to address the following:

- What is the frequency?
- Describe the pain/condition
- Where is it located?
- How often do you get it?
- Does it change in presentation?
- What makes it better/worse?
- What tests have you had for each condition?
- What providers have you seen for the conditions/symptoms?
- Any other factors which may be associated

All of this information can be in many different forms. Some patients prefer a narrative; others find a listing of events by year to be more concise or organized. Whatever composition style you choose is acceptable as long as it is concise and organized.

Finally, please include a brief statement about how we might help you. In other words, what would you – the patient – like to have us address, and/or what few things would you like us to manage. In addition, describe what you might consider to be a successful outcome regarding intervention.

Upon completion, you will have provided the most important part of our request for a detailed patient history. As such, this will allow us to address each and every aspect of your concern/s to our ultimate potential. Of course, the more information you provide, the more

likely will be the successful outcome of intervention. Towards this end, we have included guidance toward other aspects of information to provide, should you wish to be more thorough:

- Family History
- Medical conditions/infections/surgeries/illnesses etc.
- Any testing (blood work, imagery, electrodiagnostics etc.)
- Age when the condition/s was/were diagnosed
- Pregnancy complications such as miscarriages, birth defects, fertility problems
- Employment
- Stress levels
- Details about lifestyle, such as drinking or smoking
- Your dietary habits
- How much do you exercise, what type, and how long/how many times per week
- Your sexual activity
- Social history and activities you engage in
- Out of country vacations/travel
- Pets and for how long have you have had them
- Where you live, how long you have lived there, and the type of housing
- Potential irritants, exposures
- Vaccination history
- Medication list
- Supplements/herbs/formulations
- Allergies
- Hospitalizations
- How you sleep
- Use of orthotics or other medical devices
- Implantations
- Swimming and where
- Any other aspects of your life and/or health history you can think of no matter how small

*This is a rather brief but concise starting point towards an accurate, detailed and essential aspect of your condition, and the intervention therein. Delmarva Chiropractic would like to thank, and applaud you, for your efforts towards completing this narrative, and for allowing us to maximize our mission toward the betterment of your condition!*