

## **Patient Self History Forms**

**Satellite Conference and Live Webcast  
Tuesday, August 1, 2017  
9:00 a.m. – 12:00 p.m. Central Time**

**Produced by the Alabama Department of Public Health  
Distance Learning and Telehealth Division**

## **Faculty**

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## **Annual Patient Self Health History Form**

### **Objectives**

- **Discuss the Annual Patient Self Health History Form**
- **Discuss Patient Self History Update Form**

## **Instructions for the Annual Patient Self History Form**

**Note: Do not fill out the current CHR 12A, page 1. The Annual Patient Self History replaces it.**

**The clerk will check the visit type in the "For office use only" box.**

### **Instructions for the Annual Patient Self History Form**

The patient fills out the remainder of the form, starting with the patient's full name, age, and the current date.

- The patient is asked to state the reason for the visit and to list any allergies.

### **Instructions for the Annual Patient Self History Form**

- Check whether "yes" was marked indicating the patient has attended any other health departments or has been to the hospital and/or the emergency room. If "yes", ensure the patient responses are documented.

### **Instructions for the Annual Patient Self History Form**

- The patient is asked to check the box "yes or no" for their Medical History, check the box next to any medical conditions of first degree family members and check the boxes for all applicable symptoms.

### **Instructions for the Annual Patient Self History Form**

- On page 2, the nurse will review and assess the patient's:
  - List of operations/procedures
  - List of medications
  - Answers to Gynecological History questions

### **Instructions for the Annual Patient Self History Form**

- Answers to Obstetrical History questions
- Answers to Sexual History questions
- Answers to Contraceptive History questions

### **Instructions for the Annual Patient Self History Form**

- Answers to Social History questions
- On page 2, ensure the following:
- Signature and/or Signature of Interpreter/Translator #

### **Instructions for the Annual Patient Self History Form**

- Nurse's signature after reviewing the Patient Self History Form with the patient.
- On page 3, the nurse must write a note in the "Comments" section and sign.
- The Nurse Practitioner will review the form and sign.

### **Instructions for the Annual Patient Self History Form**

The Family Planning nurse must write a comment and sign the form. Please do not fill out the current CHR 12A, page 1.

B. Check the box to indicate what service(s) the patient will receive during the visit.

### Instructions for the Annual Patient Self History Form

- C. Place a label on the upper right side of the form.
- D. Check the patient's full name, age and the current date.
- E. Check whether "yes" was marked indicating the patient has any medication allergies. If "yes", ensure allergies are documented.

### Instructions for the Annual Patient Self History Form

- F. If the patient lists medication allergies, have the patient describe what happened when an allergic reaction occurred.
- G. The patient is asked to list all current medications.

### Annual Patient Self Health History Form <sup>15</sup>

This is a thumbnail of the first page of the form, which is titled 'ALABAMA DEPARTMENT OF PUBLIC HEALTH ANNUAL PATIENT SELF HEALTH HISTORY FORM'. It includes a 'LABEL' box in the top right corner and various sections for patient information and medical history.

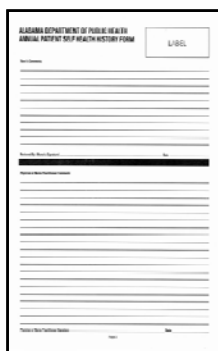
Page 1  
Medical History  
Form

### Annual Patient Self Health History Form <sup>16</sup>

This is a thumbnail of the second page of the form, which is titled 'ALABAMA DEPARTMENT OF PUBLIC HEALTH ANNUAL PATIENT SELF HEALTH HISTORY FORM'. It includes a 'LABEL' box in the top right corner and sections for gynecological history and other health information.

Page 2  
Gynecological  
History

### Annual Patient Self Health<sup>17</sup> History Form



Page 3  
Comments  
Sheet

### Annual Patient Self History<sup>18</sup> Form Sections

Page 1

- **Medical Information**
- **Medical History**
- **Family Medical History**
- **Review of Systems**
- **Surgical History**

### Annual Patient Self History<sup>19</sup> Form Sections

Page 2

- **Gynecological History**
- **Obstetrical History**
- **Social History**
- **Sexual History**
- **Contraceptive History**

### Annual Patient Self History<sup>20</sup> Form Sections

Page 3

**Comments Sheet For Nurse, Physician or  
Nurse Practitioner**

**Reminder:** The Family Planning nurse should review the form with the patient to ensure all questions have been addressed and any "yes" responses are assessed as needed.

## Patient Self History Update Form



## Instructions for the Patient Self History Update Form

The Patient Self History Update Form provides for the documentation of current health information from the patient for problem visits and deferrals.

## Instructions for the Patient Self History Update Form

After the Patient Self History Update Form has been completed by the patient, the Family Planning nurse should review the form with the patient to ensure all questions have been addressed and any "yes" responses are assessed as needed.

## Instructions for the Patient Self History Update Form

The Family Planning nurse must write a comment and sign the form.

B. Check the box to indicate what service(s) the patient will receive during the visit.

C. Place a label on the upper right side of the form.

### Instructions for the Patient Self History Update Form

D. Check the patient's full name, age and the current date.

E. Check whether "yes" was marked indicating the patient has any new medication allergies. If "yes", ensure allergies are documented.

### Instructions for the Patient Self History Update Form

F. If the patient lists medication allergies, have the patient describe what happened when an allergic reaction occurred.

G. Check whether the patient answered "yes" to starting new medications. If "yes", ensure they are documented.

### Patient Update Form 27

#### Sections

- Label
- For office use only
- Patient Name and Date
- Reason for Visit
- Drug Allergies

### Patient Update Form 28

- New Medications
- Emergency room, Hospital Visits, and New Surgeries
- Medical Test

## Patient Update Form 29

- Sexually Transmitted Diseases
- New Symptoms Checklist
- Patient Signature

## Patient Update Form 30

- Nurse Signature
- Physician or Nurse Practitioner Signature

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## Patient Self History Form



**Neysa Hernandez, MSN, RN, CRNP**  
**Nurse Practitioner Senior**



### Medical History

- Why do we take a medical history from the patient?

### Medical History

- Hypertension

### Medical History

- Osteopenia / Osteoporosis

### Medical History



- 9-18 years - 1,300 mg of Calcium, 600 IU Vit. D
- 19-50 years - 1,000 mg of Calcium, 600 IU Vit. D
- 51-70 years - 1,200 mg of Calcium, 600 IU Vit. D
- > 71 years - 1,200 mg of Calcium, 800 IU Vit. D

### **Medical History**

- **Migraine Headaches**

### **Medical History**

- **Blood clots – DVT**  
**History of or current**

### **Medical History**

According to FDA, the blood clot risk among

- **Women who are not pregnant and are not using CHC 1-5/10,000**
- **Women using CHC 3-9/10,000**
- **Pregnant women 5-20/10,000**
- **Immediate post partum period (<21 days) 40-65/10,000**

### **Medical History**

- **Seizures**

### Medical History

- Sickle cell Disease

### Family History

#### Cancer

- Breast
- Colon
- Ovarian
- Uterine
- Prostate

### Gynecological History

- Menstrual history = Vital Signs
- What was the first day of last period?
- Normal period : 7 Days
- Menstrual cycle and cycle length

### Gynecological History

#### Box 1. Normal Menstrual Cycles in Adolescent Girls ⇄

Menarche (median age):	12.43 years
Mean cycle interval:	32.2 days in first gynecologic year
Menstrual cycle interval:	Typically 21–45 days
Menstrual flow length:	7 days or less
Menstrual product use:	Three to six pads or tampons per day

**You have to learn it first so you can teach it later!**



## **Gynecological History**

- **Pap Smear**

## **Obstetrical History**

- **Importance of obstetrical history**
- **Details of all previous pregnancies (including miscarriages and terminations)**

## **Sexual History**

- **Sensitive subject**
- **Confidentiality**

### **Social History**

- **Smoking or tobacco use**
- **Drug use**
- **Alcohol consumption**

### **Contraceptive History**

- **Contraceptive Method**
- **Hysterectomy**
- **Tubal Ligation**

