Family History Form

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**Family History Form**

**Index patient: JH**

Age: 48 Gender: M Race/Ethnicity: White/Caucasian

**Date of last physical exam and results:** May 10th, 2019. Physical exam= good. Blood work=WNL, RX refill= Losartan/HCT 50/12.5mg I tab QD # 90 with 1 refills. F/U=6 mo or PRN.

**Recent screening tests:** CBC, BMP

**Immunization history:** Denies need for pneumonia vaccine. Had flu vaccine in November 2018. Last tetanus shot was April 2018.

**Past Medical History:** HTN. Pt had varicella as a child.

**Past Surgical History:** Vasectomy 2002, Oral surgery for dentures on January 28th, 2019.

**Medications/Allergies:** PCN

**Environmental/Food allergies or intolerances:** N/A

**Substance Use:** Pt admits to smoking. 1/2 PPD. Drinks alcohol (beer), socially. Admits to drinking around 6 beers at a social event. Pt is willing to quit smoking but not willing to quit drinking at this time. Pt denies drug abuse.

**Social history:** Pt was born in Kingsport, TN. Raised in Washington, D.C., home environment is described as stable and well provided for. Pt describes his socioeconomical class as middle-classed. Pt dropped out of High school at 15 y/o and received his GED at 16 and immediately began working and providing for himself. Cultural background includes middleclass, English, southern Baptist. Pt is married and his birth order is youngest child. Pt is overall generally happy and satisfied with his life. Hobbies include: carpentry, likes working on cars, cooking, movies, and time with family. Pt reports sources of stress include: His adult kids, employees, and economy. Pt reports he feels very safe at his home and has good relationship with wife.

**Nutritional history** – Pt reports some weight loss. Approximately 44 lbs in 2 years. Pt reports decrease in carbs and junk food, sodas, and increase in physical activity and muscle strengthening exercises. Mainly d/t working. Pt reports eating more lean meat and vegetables and drinking adequate amounts of water.

**Sleep habits:** Pt reports getting approximately 7 hours of sleep per night. Sleep interruptions occur at least one time per night d/t urination.

**Screen time per day:** Pt reports spending approximately 2 hours or less screen time per day. This happens mainly at night.

**Safety practices:** Pt denies using sunscreen when working outside. However, admits to driving speed limit, using seat belts, safety glasses and hard hat while working. And any other safety practices needed during work.

**Self-care habits:** Pt reports adequately moderate exercise routine. Pt reports he has DOT physicals regularly and has all exams done twice a year. Pt does not practice self-care habits himself.

**Sexual history:** A tool used for collecting data about sexual history. “The 5 P’s of a Sexual History (Ball, Dains, Flynn, Solomon & Stewart, pg. 13).”

 Partners: Pt reports that he is unable to count number of partners. Somewhere around 10.

 Practices: Pt reports he used condoms for birth control and protection from STDs.

 Protection from STI’s: Condoms

 Past history of STI’s: Pediculosis Pubis and Chlamydia

 Prevention of Pregnancy: Vasectomy and Condoms

**Housing information:** Pt reports he lives in a private residence, ranch style house. HE owns the home and makes monthly mortgage payments. Water is provided by the county township. House has wood floors with area rugs, fabric couch and drapes, wooden tables and accent furniture. Kitchen area has tile floors with wooden cabinets and stainless-steel appliances. Bedrooms have metal frame beds with standard box springs and mattresses and cotton bedding.

**Occupational history:** Pt reports he works in Industrial Construction. Length of time in this type of work=30 years.

Pt reports work is dirty, with long hours and exposure to environmental allergens, and weather.

**Military history:** None

**Travel history** – Pt reports he used to travel for work, but now only works locally.

**Spiritual history:** “Many patients want attention paid to spirituality, and faith can be a key factor in the success of management plan (Ball, Dains, Flynn, Solomon & Stewart, pg.10).”

 F: Pt reports his faith is Southern Baptist and the BIBLE is an important part of his life. His religion helps him in his daily life and helps him deal with stress.

 I: PT reports he has read the BIBLE and reverts to scripture for influence for himself and his children.

 C: Pt reports he does not belong to a church. He feels that his friends, family and neighbors who do belong to a church would support him and he states he can talk to them and his family.

 A: Pt reports his beliefs have no affect in his healthcare. Pt reports he trust his provider in aspects of his healthcare and allows his PCP and wife to make decisions for him.

**Access to care** – Pt reports he has private vehicle for transportation. Wife carries insurance on pt through her work. Pt has a PCP and sees her now every 6 months for B/P monitoring and physicals.

After assessing that the patient drank alcohol, even socially, I decided to do the CAGE questionnaire. “The CAGE questionnaire is a screening model used for discussing the use of alcohol (Ball, Dains, Flynn, Solomon & Stewart, pg. 8).”

Cutting down- Pt reports he doesn’t drink all the time. He only drinks socially and when friends are over for cookouts, etc. in which he may drink 6 beers at a particular event. Pt reports he has already cut down to ½ pack per day and is in the process of quitting.

Annoyance by Criticism: Pt reports his wife wants him to quit smoking and drinking altogether. Pt reports he has been criticized by his wife for drinking more than anything, and he has almost completely stopped, and is in the process of quitting smoking. Pt reports he no longer uses smokeless tobacco.

Guilty feeling: Pt reports he does not feel guilty because he is in the process of quitting.

Eye openers: Pt reports he now understands the reasoning behind smoking cessation, stopping alcohol consumption, and living healthier.

**Ask if there is anything else that should be discussed and document additional information here:**

Pt reports that he has had some side effects of his B/P medication. States he has talked to his PCP about this and he has worked out an alternative for his situation. Pt states when he takes his Losartan/HCT, it causes ED. He now takes it before bed so he can have sexual relations with his wife. He does this usually on the weekends when she does not have to work. Pt adds his PCP sent him to Kingsport to see a cardiologist. He assumes it was because of his HTN and family history. There he had a stress test and a CT scan of his heart to see if he was at risk. He was cleared from the cardiologist that day. Patient had a Coronary Calcium Scan.

**Family Information JH :**

**Index patient’s siblings:**

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| Brother/sister – full/half/step/adopted/foster?Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| sister | 52 | F | MI, back surgery, stent placement, HTN | 0 |
| sister | 50 | F | Knee surgery, back pain, obesity | 0 |
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**Biological Mother of index patient:**

Age and place of mother’s birth: 73 born in Kingsport, TN.

Ethnicity: White/Caucasian

Health status-Diabetes type 2 - dx at age: 68

Cultural/Social history – Born in Kingsport, TN, raised in Kingsport, TN, Highest level of education= High School Diploma, Baptist religion, Retired.

Age of mother when index patient was born: 25 y/o

Biological mother’s pregnancy history for index patient Pt was a full-term baby. No complications with pregnancy or with delivery. Natural delivery.

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| Biological Mother’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| sister | 75 | F | DM2,HTN | 2 boys- 46, 48 |
| brother | 64 | M | Deceased- died in 1998 Stroke/MI | 1 son- 52 |
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**Biological Father of Index Patient:**

Age and place of father’s birth: 76 y/o Born in Kingsport, TN.

Ethnicity: White/Caucasian

Health status- MI, Stroke, Blind in right eye d/t stroke, DM type 2.

Cultural/Social history – Born in Kingsport, TN. Raised in Kingsport, TN. College graduate, Southern Baptist, Retired.

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| Biological Father’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| sister | 68 | F | DM2 | 1 boy- 36 |
| sister | 72 | F | HTN | 1 boy-52/ 1-girl 49 |
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**Maternal Grandmother:**

Age and place of birth: Deceased at the age of 76. Born in Kingsport, TN.

Ethnicity: White/ Caucasian

Health status- MI, DM1- undiagnosed for years.

Cultural/Social history – Born and raised in Kingsport, TN. Highest level of education was High school GED. Religion was Southern Baptist, retired farmer.

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| Biological Maternal Grandmother’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| brother | unknown | M | unknown | 1 girl- deceased at age of 75 |
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**Maternal Grandfather:**

Age and place of birth: Deceased at the age of 68

Ethnicity: White/ Caucasian

Health status- Died from MI

Cultural/Social history – Born in Highlands, Virginia. Raised in Kingsport, Tn. Highest level of education: dropped out after 8th grade. Retired from railroad/farmer.

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| Biological Maternal Grandfather’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| unknown |  |  |  |  |
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**Paternal Grandmother:**

Age and place of birth: Deceased at 75 y/o. Born in Jonesville, Virginia.

Ethnicity: white/Caucasian

Health status-unknown

Cultural/Social history – Born and raised in Jonesville, Virginia. Highest level of education is unknown. Religon was Southern Baptist. Housewife/Widow.

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| Biological Paternal Grandmother’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| Only child |  |  |  |  |
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**Paternal Grandfather:**

Age and place of birth: Deceased at age 54. Born in Kingsport, TN.

Ethnicity: White/ Caucasian

Health status- Unknown. Pt states his paternal grandfather died at work (Eastman), and they never knew what from.

Cultural/Social history – Born and raised in Kingsport, TN. Highest level of education- some college. Religion was Southern Baptist. And his occupation was engineer at Eastman.

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| Biological Paternal Grandfather’s Brother/sisters – full/half/step/adopted/foster? Include stillbirths, miscarriages | Age | Gender | Health status-presence of illnesses, age and cause of death if deceased: | Sibling’s children – ages and genders |
| unknown |  |  |  |  |
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**Pedigree:**

Family Genogram

For JH

Grand Parents

BH Male deceased at age 54. Hx: unknown.

EC Male Deceased at Age 68.

Hx: MI

JH 76 y/o M

Hx: MI, Stroke, DM2

Father

Mother

JH 48 y/o Male

Hx: HTN

(Template.net.2019.)

From researching the Pt’s family history, it looks as though Heart Disease and Diabetes run in his family. Pt’s 52 y/o sister has extensive Cardiac history, whereas the 50 y/o sister has pain due to obesity. Pt’s Parents both have DM2, and father has extensive Cardiac history. Both sets of grandparents have cardiac history.

**Health Promotion/Disease Prevention plan for Index Patient:**

**Primary Health Concerns:** Smoking, alcohol, HTN, and cardiac health.

**Prevention needs:** Instructed patient to keep follow up appointments with PCP, and to get his flu shot every year. Also gave thorough instructions on hand washing techniques during flu season.

**Exercise recommendation:** Instructed patient to do more muscle strengthening exercises and

**Sleep recommendation:** Instructed patient to try to get 8 hours of uninterrupted sleep every night. Suggested not drinking anything 1 hour before bed.

**Diet/nutrition recommendations:** Low fat, 2 gram sodium, low cholesterol diet. Pt has done well with losing body fat and eating healthier. Instructed him to continue.

**Mental health recommendations:** Instructed patient to find alternate means of coping besides smoking and drinking beer. Gave patient links to the Quit line for smoking cessation. “Quitline callers are more likely to succeed than those who try to quit smoking on their own (2019).” Pt seems stable with no acute mental health issues, but suggested to keep praying.

**Safety recommendations:** Instructed patient to wear sunscreen while working outside. Instructed patient to stay hydrated during the heat and warm and dry during winter months. Also informed patient to keep using his safety equipment at work and use seatbelts while driving.

**Other:** Gave extensive education on the link between smoking, alcohol, HTN and cardiac disease. Discussed in detail how family history of cardiac disease puts patient at risk for this disease. “Adults who are physically active, eat a healthy diet, do not use tobacco, and practice other healthy behaviors reduce their risk for chronic disease (Bluestein.2005).”

**Reflection:**

As I stated before, the patient’s primary concern is lifestyle changes to decrease his risk for cardiac disease. Discussing everything in detail allowed the patient see the connection between his lifestyle choices and his future health. I will incorporate these history taking skills into my practice, not only to help the patient understand, but to help find resources to help them change. This was a very challenging assignment, but I’m glad I had the opportunity to do it. I’ve learned a lot from this assignment.

References

Ball, J., Dains, J., Flynn, J., Solomon, B., & Stewart, R. *Seidel's guide to physical examination* (9th ed.). pg 6-13) St. Louis, Missouri: Elsevier.

Bluestein D. (2005). Preventive services: counseling for health lifestyles. *Geriatrics*, *60*(4), 34–37. Retrieved from http://search.ebscohost.com.ezproxy.king.edu/login.aspx?direct=true&db=ccm&AN=106640115&scope=site2019

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