

Comprehensive Patient Interview Checklist:

	Yes	No	Comments
Opening Session			
Opening Statement that builds rapport			
Obtains patient name			
Provides name and title			
Attends to patient's comfort & privacy			
Discusses interview purpose & duration			
Explores the Patient Perspective			
Identifies patients main concerns			
Explores patients idea, beliefs or values on illness/health			
Explores how problems affect patient's life			
Explores patient's goals & expectations			
Medical History			
Demographics (age)			
Current Medical Conditions			
Pregnancy & Lactation (if applicable)			
Past medical conditions/surgeries			
Medication History			
Prescription			
Non-prescription (OTC)			
Vitamins/Minerals			
Herbals or Natural medicines			
Past medication use			
Immunization history			
Allergies & Intolerances			
For each medication determines indication, efficacy, safety & adherence			
Social History			
Substance use: <input type="checkbox"/> caffeine <input type="checkbox"/> alcohol <input type="checkbox"/> cannabis <input type="checkbox"/> tobacco <input type="checkbox"/> recreational/illicit drugs			
Diet & exercise			
Difficulties in accessing medications/health care			
Family History			
Cancer, diabetes, CV or mental health conditions			

Review of Systems Checklist:

System	Explore (examples)	Complete	Partial	Missed
Constitutional	Fever, chills, weight changes, energy level changes			
HEENT	Head: headaches, dizziness, memory loss			
	Eyes: changes in vision, eye problems			
	Ears: hearing changes, ringing, pain			
	Nose: congestion, runniness, pain			
	Throat: pain, hoarseness, dental pain			
CV	Trouble with heart, chest pain			
Pulmonary	Difficulty breathing, SOB, wheezing, coughing			
GI	Difficulty swallowing, heartburn, nausea/vomiting, diarrhea, constipation			
Genitourinary	Difficulty in urination, changes in sexual function or libido, vaginal/penile discharge, changes in menstruation (if appropriate)			
Musculoskeletal	Muscle or joint pain/stiffness			
Neurological	Tremors, tingling, numbness, difficulties with balance, falls			
Psychiatric	Mood (depression, anxiety, stress), sleep patterns, suicidal thoughts			
Skin	Changes in hair/skin/nails, easy bruising, dryness, rashes, itching, sores			

Student Name: _____

	Yes	No	Comments
Organization			
Logical sequence and flow to interaction			
Uses summarizing			
Uses signposting			
Overall Communication Skills			
Starts with open-ended questions			
Uses closed-ended questions appropriately			
Avoids leading questions			
Demonstrates active listening (uses reflective & clarifying statements)			
Demonstrates attentive non-verbal skills (eye contact, facial expression, posture, position)			
Demonstrates effective verbal communication (no jargon, appropriate rate & tone of voice)			
Expresses empathy when appropriate			

Additional Comments:
