

History and Physical

Chief Complaint

History of Present Illness: The narrative should include pertinent items of the 5 bio-psychosocial care domains (see figure) that directly impact the presenting condition. Effects of the present illness on functional status should be noted.

Past Medical and Psychiatric History:

Specifically enquire regarding mental health diagnoses, communicable diseases, and exposure-related conditions. Gynecologic history if indicated.

Medications, Allergies: Include assessment of adherence related to resources, access to food/water, storage limitations, etc.

Family History: Include mental health conditions and substance use disorders.

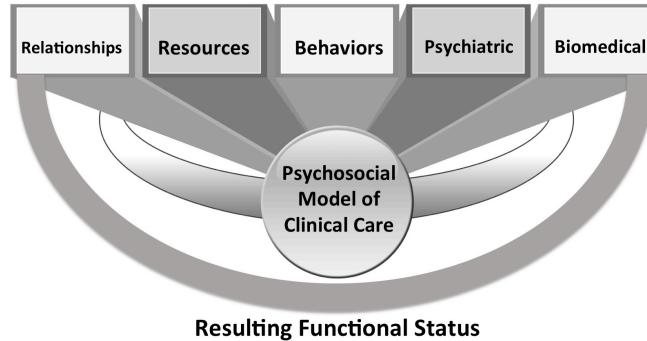
Social History:

- **Social supports:** friends, relatives, support programs and professionals; negative relationships, high risk sexual interactions and interpersonal violence
- **Resources:** housing status, living environment, food access and sufficiency, childcare, income, transportation, health insurance
- **Behaviors:** substance use, somatization
- **Function:** ADLs, IADLs, education level, occupation and employment, literacy, numeracy

Review of Systems: consider queries for weight loss/chills (HIV/TB); cough/hemoptysis (TB, tobacco related disease, or other infectious pulmonary disease); skin lesions; foot concerns; genitourinary discharge or dysuria; mood concerns, hallucinations, or thought concerns.

Physical Examination: With deference to patient comfort and tolerance, include assessment of skin, feet, mood, affect, and mental status.

Bio-Psychosocial Care Domains



Resulting Functional Status

1. **Social Support Systems:** personal connections, relatives, and friendships. May be positive or negative, such as interpersonal violence.
2. **Community and Environmental Resources:** health insurance, housing, transportation, community environment and safety, food security, childcare, income.
3. **Behavioral and Substance Use Disorders:** personality disorders, substance use, somatization.
4. **Psychiatric Disorders:** major conditions such as major depression, bipolar disorder, and schizophrenia.
5. **Biomedical Conditions:** communicable diseases such as TB, HIV, STIs, hepatitis, and respiratory diseases; complications of exposure such as skin diseases, frostbite, and trench foot; complications of tobacco, alcohol, and substance use; vitamin deficiency and malnutrition; sequelae of chronic diseases.

Resulting Functional Status: the net effect of all domains on a patient's life. Includes level of education, employment, social interactions, community roles, and life skills.

- ADLs: eating, bathing/toileting, getting in and out of bed/chairs, dressing/grooming
- IADLs: medication management, driving, food access and preparation
- Education level, occupation, literacy, numeracy, social and community engagement

Assessment and Plan

Assessment: Summarize and interpret the presenting history. Include salient contributing concerns from the psychosocial domains. Summarize and interpret the pertinent findings from the physical exam and review of available data.

Problem List with necessary related differential diagnoses, diagnostic plans, and therapeutic plans. A comprehensive problem list would include:

- **Presenting complaints:** findings to related to chief complaint, urgent concerns, or unstable conditions
- **Biomedical Conditions:** chronic health issues requiring active management, minor medical findings
- **Psychiatric Disorders:** conditions impacting self management, function, access to care, or quality of life
- **Behavioral and Substance Use Disorders:** identified stage of behavioral change, assessment of self efficacy
- **Social Support Systems:** conditions requiring monitoring, counseling, intervention; sources of positive support for role modeling or self management assistance
- **Community and Environmental Resources:** Identified concerns related to housing, community environment/safety, food security, child care, transportation, health insurance, income, etc.
- **Health maintenance:** risk-based assessment for transmissible diseases, substance related diseases, nutritional deficiencies, exposure related conditions, and standard screening

Supporting Behavioral Change

Promote Self Efficacy

- Emphasize previous successes
- Identify successful role models
- Express your confidence in the patient
- Educate the patient on what to expect physically during the planned change

Support Change Management

- Pre-contemplators: Address barriers to change; avoid breeding resistance.
- Contemplators: offer a 'road map' to successful change, early goal setting, encouragement, information, & follow-up.
- Planners: develop a practical plan reflecting barriers, motivators, and triggers. Incorporate SLAM goals (specific, limited, achievable, measurable).

Resources

Substance Treatment

- National Council on Alcohol and Drug Dependence: www.ncadd.org
- Substance Abuse and Mental Health Services: <http://www.samhsa.gov>
- Local:

Interpersonal Violence

- National Domestic Violence Hotline: 1-800-799-SAFE [7233], www.ndvh.org
- Local:

Financial Resources

- Medication access: www.needymeds.org
- Local:

Housing

- Homeless Veterans: va.gov/homeless, 877-4AIDVET [877-424-3838]
- Local:

Key Members of My Local Care Team

Social Work:

Case Management:

Clinical Pharmacy:

Nursing:

Substance Treatment:

Mental Health Counseling and Psychiatry:

Other:

For suggestions on use of this tool, more extensive resource suggestions, and didactic content, review the complete curriculum available at:
caringwithcompassion.org

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Caring with Compassion

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A Guide for Providing Clinical Care
Across the Bio-Psychosocial
Domains

Developed by the educational team from
caringwithcompassion.org

Davoren Chick MD, Pamela Davis MD, April Bigelow PhD ANP, Jacob Seagull PhD, Heather Rye LMSW, and Brent Williams MD MPH