

Chapter 7: Health History

On completion of this section, the learner will be able to:

1. Confidently conduct a health history interview with clients across the lifespan.

Learning Objectives

Sexual and Reproductive Health History Review¹

Cervical screening is a sensitive issue for some clients. Using a positive manner to discuss risk factors can give clients the opportunity to voice health concerns and to take responsibility for their overall wellbeing by taking part in the cervical and other screening programs.²

Adequate and accurate information are key to a successful health history. It is necessary to be sensitive to culture, language and age-related concerns, which if recognized, help the HCP understand a client's responses and behavior. Try to assess the client's level of comfort. Based on this assessment, you may consider offering them some encouraging or supportive words. Sometimes a phrase like, "you may find sharing personal information with me uncomfortable, but you are taking a very important step in preventing cancer of the cervix, and to help you, I need to know...", can encourage the client to relax and assures them of the essential nature of such confidential information.

Terminology and language pose further barriers. The HCP should:

- be certain of what the client's statements mean
- repeat statements for verification, when necessary, so that misunderstandings can be corrected. For example, the client might complain of "itching down there" – use pictures/drawings to identify location or ask the woman to point to the area.
- use an interpreter if language presents a problem. A family member who is interpreting would be unsuitable due to the confidential and sensitive nature of questions and responses.

During the reproductive health history interview, the HCP should:

- obtain health history data in a comfortable environment that protects the client's privacy
- conduct the interview at an unhurried pace, otherwise the client may overlook important details
- always ask questions while the client is seated and dressed before the physical assessment. This ensures her comfort and confidence.
- use terms that the client understands and explain technical language

- focus questions on the reproductive system, but maintain a holistic approach by inquiring about the status of other body systems and psychosocial concerns. Reproductive system problems may cause the other problems related to self-image, sexual functioning, overall wellness, etc.
- consider the relevance and practicality of health history questions to the client. For example, asking an 80 year-old woman the date of her first menstrual period is pointless. Conversely, asking her about menopause, irregular bleeding, and estrogen replacement therapy would be appropriate.

When choosing your health history questions consider the relevance to the client and focus on their areas of concern.

Do a focused health history to determine whether to proceed with a Pap or refer to a specialist.

Important Information

Review of Related History³

The following health history components are recommended as information to be collected by the HCP during a *Pap test visit*. Other components of a health history may be relevant and necessary to collect for other medical examinations or assessments.

Menstrual History

- Date of last menstrual period: first day of last cycle
- Number of days in cycle and regularity of cycle
- Character of flow: amount (number of pads or tampons used in 24 hours), duration, presence and size of clots
- Dysmenorrhea: characteristics of menses, duration, frequency
- Intermenstrual bleeding or spotting: amount, duration, frequency
- Post-coital bleeding
- Abnormal uterine bleeding

Obstetric History

- Gravity (number of pregnancies)
- Parity (number of births): term, pre-term
- Abortions: determine when

Contraceptive History

- Current method

Sexual History

- Number of partners within the last 6 to 12 months
- Determine whether sexual practices are with men, women or both
- Condom use (i.e. Are you able to use condoms?)
- STI history
- History of cancer in reproductive organs
- History of sexual assault
- Age of first sexual intercourse

Date of Last Pelvic Examination

Date of Last Pap Test/Colposcopy, Results and Treatment

- Request a screening history from CervixCheck by phone or fax. Visit <https://www.cancercare.mb.ca/screening/resources> for a copy of the screening history request form.

Past Medical History

- Past gynaecologic procedures or surgery (tubal ligation, hysterectomy, oophorectomy, laparoscopy, cryosurgery, laser therapy, LEEP, conization)
- Abnormalities of the vagina, cervix, uterus, fallopian tubes, ovaries
- Cancer of the reproductive organs
- Family history of cancer of the reproductive organs
- Female genital cutting
- Sexual reassignment surgery and/or hormone therapy

If the woman has been prescribed colposcopy, determine if appointment is booked and when. If a colposcopy was performed within the last 3 months, a Pap test should **not** be taken. If colposcopy is booked within the next 3 months, a Pap test should not be taken.

Important
Information

Older Women

- Age at menopause or currently experiencing menopause
- Menopausal symptoms
- Post-menopausal bleeding
- Birth control measures during perimenopause
- Mother's experience with menopause
- Symptoms related to physical changes: vaginal dryness

	Recommended Reading
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Discussing Sexual Health, Substance Use and STIBBIs

https://www.cpha.ca/sites/default/files/uploads/resources/stbbi/discussionguide_e.pdf

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| 1. Describe the 6 key areas (minimum data set) to review when conducting a sexual and reproductive health history | Chapter 7 Self-Test |
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References

¹ Cervical Screening Initiatives Program of Newfoundland and Labrador. (2001). Reprinted with permission.

² Alberta Cervical Cancer Screening Program. (2002). Cervical cancer screening: Quick reference card. Calgary, AB.

³ Seidel, H.M., Ball, J.W., Dains, J.E., & Benedict, G.W. (1987). Mosby's Guide to Physical Examination. Adapted with permission from Elsevier.