History Taking of Neurological Complaints

4 HPI

- 1) If the complaint is **headache**, ask:
 - Where did they feel the pain? Was it unilateral or all over?
 - Was the onset sudden/abrupt or gradual/evolving?
 - > Character of pain? For example, stabbing, tightness, dullness, etc.
 - Does the pain radiate anywhere else such as the neck or jaw?
 - When did it start?
 - Is it persistent or intermittent?
 - If persistent, does it get better, worse, or stay the same?
 - If intermittent, how long does each episode last? How many times does it occur (frequency)? How long does the patient remain symptom-free between episodes?
 - Does anything make the symptoms better or worse such as time of day, menstrual cycle, posture, or medication?
 - Does the headache wake the patient from sleep?
 - How does the patient react when they have a headache? Do they seek a bed in a dark quiet room? Do they start pacing around the room agitated and keep banging their head?
 - Severity (1-10)
 - ➤ Associated symptoms: □Nausea □Vomiting □Photophobia
 - □ Phonophobia □ Neck stiffness □ Fever □ Rash □ Tearing
 - \Box Conjunctival injection \Box Nasal stuffiness \Box Jaw pain on chewing
 - □Visual disturbances □Other:_____

- 2) If the complaint is **disturbance of consciousness**, ask:
 - > Was it triggered by anything like pain, emotion, or intercurrent illness?
 - Does the patient lose consciousness when standing?
 - > Does the patient take antihypertensives or levodopa?
 - Does the patient have DM?
 - Were there any preceding symptoms such as palpitations, chest pain, lightheadedness, nausea, tinnitus, sweating, or visual disturbance?
 - Were any injuries sustained?
 - If a witness is present, ask them about:
 - The appearance of the patients skin color during unconsciousness, was it pale or grey?
 - The duration of loss of consciousness and time until recovery to full consciousness and normal cognition.
- **3)** If the complaint is **seizure**, ask:
 - Did the patient lose consciousness? How long were they unconscious?
 - Were there any triggers such as pain, sleep deprivation, or illness?
 - Were there any preceding symptoms such as lightheadedness, nausea, vision dimming, or tinnitus?
 - How often do they occur (frequency)?
 - How long did the seizure last?
 - Was the recovery rapid or gradual (over 30 minutes)? Did the patient get up confused or agitated?
 - Sustained injuries:
 - □ Headache □ Back pain □ Shoulder fracture/dislocation
 - □Biting of the tongue (tip of tongue / lateral tongue) □Other:_____
 - If a witness is present, ask them about:
 - The appearance of the patients skin during seizure, was it pale, grey, flushed, or cyanosed?
 - The occurrence of spasms, involuntary movements, waxing and waning consciousness, pelvic thrusting, lip smacking, or swallowing.

- 4) If the complaint is stroke or TIA, ask:
 - Does the patient use anticoagulants?
 - Associated symptoms:

□Headache	\Box Vomiting	□Seizures	□ Early reduced	consciousness
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- □Weakness □Loss of sensation □Slurred speech □Palpitations □Others:
- How long did it take for the symptoms to resolve (more or less than 24 hours)?
- 5) If the complaint is **dizziness** or **vertigo**, ask:
 - How long do symptoms last? Seconds, minutes, or hours?
 - Associated symptoms:
 - □ Hearing loss □ Tinnitus □ Nausea □ Vomiting □ Headache □ Others: _____
 - Describe the dizziness, did the patient feel as though they were moving, or the world was moving around them?
 - Do symptoms increase when sleeping on the affected side or with movement?

4 Past Medical History

Ask about:

- History of previous visual loss such as optic neuritis.
- Conditions associated with vascular disease such as hypertension and diabetes mellitus.

4 Family History

Ask about:

- > Ask if anyone in the family has had any neurologic conditions in the past.
- Inherited disorders including epilepsy, Parkinson's disease, Alzheimer's disease, and migraine.

4 Social History

Ask about:

- How do the symptoms affect their daily lives? Are they able to work and drive?
- What is their diet like? Do they have a vitamin deficiency?
- Occupational exposure to heavy or organic metals such as lead or manganese.
- Detailed smoking history.
- Alcohol intake and IV drug use.
- Recent travel history.