

# THE HISTORY AND PHYSICAL EXAMINATION

## CHAPTER OBJECTIVES

1. Identify the five dimensions of a comprehensive history for palliative care and hospice patients, including relevant information about the patient's anatomy, birth sex, gender identity, sexual orientation, sexual behavior, and sexual health.
2. Distinguish between questions that are relevant and necessary to your care of the patient and questions that may stem primarily from your personal curiosity about a patient's life or body.
3. Identify the necessary and appropriate elements of the physical examination for palliative care and hospice patients.
4. Describe how to assess and support "diverse cultural values and customs with regard to information sharing, decision making, expression and treatment of physical and emotional distress, and preferences for sites of care and death" (AAHPM 2009).

**Key Terms:** chosen family, comprehensive history, family of choice, family of origin, FICA Spiritual History Tool, Five-Dimension Assessment Model, gender-affirmation surgery, Patient and Family Outcomes-Focused Inquiry for Developing Goals for Care, Patient and Family Outcomes-Focused Inquiry for Interdisciplinary Teams, patient's goals of care, prognosis, psychosocial history, quality of life, rapport, spiritual/existential history

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## CHAPTER SUMMARY

To elicit a complete and accurate history from a patient, palliative care and hospice professionals need to establish rapport and communicate a genuine openness to hearing the patient's answers to their questions. This chapter describes a new LGBTQ-inclusive approach to taking a comprehensive history that places the primary emphasis on the patient as person. Pathophysiology, pharmacology, and differential diagnoses are beyond the scope of *LGBTQ-Inclusive Hospice and Palliative Care*; this chapter provides information to supplement readers' existing clinical expertise and knowledge.