



## OSCE Checklist: Breast Lump History Taking

### Opening the consultation

- 1** Introduce yourself to the patient including your name and role
- 2** Confirm the patient's name and date of birth
- 3** Explain that you'd like to take a history from the patient
- 4** Gain consent to proceed with taking a history

### Presenting complaint

- 5** Use open questioning to explore the patient's presenting complaint

### History of presenting complaint

- 6** Site: ask where the breast lump is
- 7** Onset: clarify when the breast lump first developed
- 8** Character: ask the patient to describe how the breast lump feels
- 9** Radiation: if pain is associated with the breast lump, ask if it radiates
- 10** Associated symptoms: ask if there are any other associated symptoms
- 11** Time course: ask how the breast lump has changed over time
- 12** Exacerbating or relieving factors: ask if anything makes the breast lump worse or better
- 13** Severity: assess the severity of any associated pain by asking the patient to grade it on a scale of 0-10
- 14** Screen for other key symptoms including red flag features
- 15** Explore the patient's ideas, concerns and expectations
- 16** Summarise the patient's presenting complaint

### Systemic enquiry

- 17** Screen for relevant symptoms in other body systems

### Past medical and surgical history

- 18** Ask if the patient has any medical conditions
- 19** Ask if the patient has had any relevant surgical procedures
- 20** Take a brief obstetric and gynaecology history for breast cancer risk factors
- 21** Ask if the patient has any allergies and if so, clarify what kind of reaction they had to the substance

### Drug history

- 22** Ask if the patient is currently taking any prescribed medications or over-the-counter remedies

### Family history

- 23** Ask the patient if there is any family history of breast, bowel or ovarian cancer

## Social history

- |           |   |  |
|-----------|---|--|
| <b>24</b> | Explore the patient's general social context  |  |
| <b>25</b> | Take a smoking history                        |  |
| <b>26</b> | Take an alcohol history                       |  |
| <b>27</b> | Ask about recreational drug use               |  |
| <b>28</b> | Gather details about the patient's occupation |  |

## Closing the consultation

- |           |   |  |
|-----------|---|--|
| <b>29</b> | Summarise the salient points of the history back to the patient and ask if they feel anything has been missed |  |
| <b>30</b> | Thank the patient for their time  |  |

## Key communication skills

- |           |                  |  |
|-----------|------------------|--|
| <b>31</b> | Active listening |  |
| <b>32</b> | Summarising      |  |
| <b>33</b> | Signposting      |  |

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