

OSCE Checklist | Unintentional Weight Loss History Taking

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O	pening the consultation	
1	Wash your hands and don PPE if appropriate	
2	Introduce yourself to the patient including your name and role	
3	Confirm the patient's name and date of birth	
4	Explain that you'd like to take a history from the patient	
5	Gain consent to proceed with taking a history	
Pr	resenting complaint	
6	Use open questioning to explore the patient's presenting complaint	
Hi	istory of presenting complaint	
7	Establish a history of weight loss (if not part of the initial presenting complaint)	
8	Clarify the amount of weight that has been lost	
9	Establish the time frame in which weight loss has occurred	
10	Ask about appetite	
11	Ask about eating habits and meal patterns to establish caloric intake	
12	Ask about diet (calorie restriction) and exercise	
13	Ask about associated symptoms and identify any red flag symptoms (e.g. rapid weight loss, constitutional symptoms, dysphagia, melaena, change in bowel habit)	
14	Explore the patient's ideas, concerns and expectations	
15	Summarise the patient's presenting complaint	
Sy	stemic enquiry	
16	Screen for relevant symptoms in other body systems	
Pa	ast medical history	
17	Ask about other medical diagnoses and previous surgical history (e.g. gastrointestinal surgery)	
18	Ask if the patient has any allergies and if so, clarify what kind of reaction they had to the substance	
Dı	rug history	
19	Ask if the patient is currently taking any prescribed medications or over-the-counter remedies	
20	Ask if the patient if they're experiencing any side effects from their medication	
Fa	amily history	
21	Ask if there is any relevant family history of gastrointestinal or malignancy	

Sc	Social history			
22	Explore the patient's general social context (accommodation, who the patient lives with, how the patient manages with activities of daily living, care needs)			
23	Take a smoking history			
24	Take an alcohol history			
25	Ask about recreational drug use			
Tr	Travel history			
26	If the patient's symptoms suggest an infective aetiology, take a travel history to assess exposure risk			
Closing the consultation				
27	Summarise the salient points of the history back to the patient and ask if they feel that you've missed anything			
28	Thank the patient for their time			
29	Dispose of PPE appropriately and wash your hands			
Ke	Key communication skills			
30	Active listening			
31	Summarising			
32	Signposting			

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