## CONSULTATION ASSESSMENT FORM

Reference number: 9

Camera Clock Time: 09-44

Duration of Consultation: 13 mins

Presenting complaint(s):

Wheezing, ?Exacerbation of Asthma

Relevant background information: (eg previous knowledge of or consultation with this patient)

> Patient new to area. Asthma since childhood years ... never been followed up. Nil acute hospital admissions. Smokes 5/week. Nil acute cough/cold. Living with fiancee and currently decorating new house. Has a pet cat.

Working diagnosis:

- ? Breathing difficulty secondary to paint fumes
- +/- Anxiety element/Hyperventilation syndrome

## Outcomes of the consultation:

(eg referral, no action, Reassurance.

certificate, review)

Asthma Nurse Referral (to consider stepping down treatment).

General measures for  $\downarrow$  inhalation of paint fumes given (masks,

windows open etc)

Prescription:

(provide full details of any prescription given or test ordered, Nil

with justification)

## Any further points of clarification:

As this young lady was new to the practice, I decided to build a rapport and reduce any apprehension by starting off with some non-medical talk.

A detailed written drug history was taken to enable me to gain a good understanding of what she was taking. The affect of the asthma on her social life was enquired about.

I did not try to lecture her too much about the smoking as I did not want her to feel guilty. A recent BMJ article (Butler et al, 1998) commented that a 'preaching' style approach was unlikely to cause change. Some found it irritating and he suggested that the thought should be put forward by the doctor but the decision be left to the patient...in their own time.

An examination failed to reveal even the slightest of wheeze despite good air entry. Her Peak flow technique was poor. In view of this and her tolerability to pets, I felt that her childhood asthma had probably cleared up (60% of childhood asthma clears up by teenage years).

However, because I had not seen her before, I emphasised that we would be looking at her in the asthma clinic on several occasions before considering this option. I also emphasised that this would be done in a controlled fashion. She seemed happy with this.

## Competences demonstrated (please tick appropriate boxes):

encourage pt's contri- bution	cues	psych.	obtain enough info	appro- priate exami- nation	appro- priate diagnosis	diagnosis etc explained	appro- priate language	appropriate mangement plan	options shared	appro- priate pre- scribing	rapport
			X		X						X