LETTER TO THE EDITOR

Taking a good history

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I greatly enjoyed David Thrush's observations on taking a good history (*Practical Neurology*, 2002, 2, 113–116). There are two other outpatient practices that I believe are valuable. After initial introductions I read the referral letter out loud, so the patient then knows what I know about them and can fill in any gaps. This gives an immediate focus to taking the history and avoids the patient having to sit and watch me reading. Although some referral letters are still written in such a way that the writer had probably not intended the patient to know the contents, these are increasingly uncommon and may be made suitable by anticipatory and judicious paraphrasing. The second practice is that I dictate my letter in front of the patient and, as now recommended in the National Health Service Modernization Plan, send a copy to the patient. This has many advantages; firstly, it ensures agreement between myself and the patient as to what the correct history is and what future actions are planned; secondly, it means that when the patients' copy of the letter arrives they are likely to find it helpful; thirdly, if there is some problem with the post or casenote filing the patient has their own copy when they next see their general practitioner (GP) or referring consultant; fourthly the patient knows when any prescribing advice or other recommendation will have reached their GP surgery; and fifthly, if in the future the patient wishes for some reason to access their notes they will find nothing was withheld. Although this practice might have to be modified in some situations, it generally seems to have a positive effect on the consultation. Furthermore, time spent dictating the letter is time spent with the patient, not an additional task to be done at the end of the clinic.