

Part 4: Family Folders

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The family folder holds the charts of all members of the family within a single folder. Its usefulness is augmented by the family care journal and the family tree and health history form. The family care journal displays important information about utilization patterns, recurrent illness and intra-family diseases. The family tree and health history form contains information which is relevant for all members of the family and yet needs to

be filled out only once. The family folder is convenient because less time is needed for retrieval and refilling of family charts than for individual ones. Some of its disadvantages are its increased bulk and the difficulty of keeping individual patient's reports separate. In spite of these disadvantages, however, its use is recommended.

Folders which contain charts of all members of a family permit and indeed implement a coordinated and comprehensive approach to the management of health problems within that family. Although suitable for internists and pediatricians, the advantages of filing in family folders are most evident for the family physician.

Methods

The full usefulness of the Family Folder requires the use of two elements which can be combined on a single sheet of paper — the *family care journal* and the *family tree and health history*. An example of these two components is illustrated in figure 1.

The code numbers used in the family care journal are from the problem-oriented adaptation of the Royal College of General Practitioners Classification of Diseases as previ-

ously described¹. Those used in the illustration are listed in Table I.

TABLE I	
Code for Family Care Journal	
R.C.G.P. Code No.	Diagnoses
218	Benign Hypertension
511B	Routine Physical Examination—Children
183	Otitis Media Acute
335	Vaginitis
257	Allergic rhinitis
091	Diabetes Mellitus
211	Acute Myocardial Infarction

Figure 1. Important Elements of Family Folders

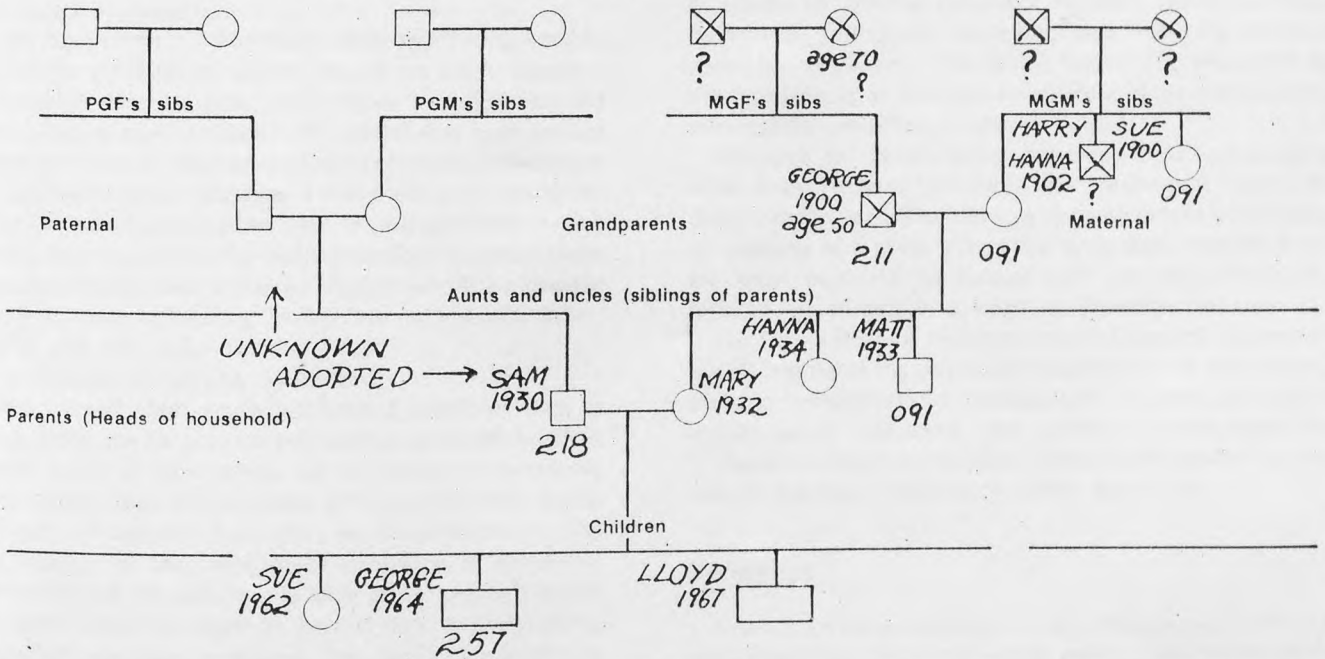
In Case of Emergency, Notify: SAM JORDON at 442-7441 (HOME)
 (name)
 Alternate emergency number: _____ at 454-7862 (WORK)
 (phone)

Family Name: _____ Family Care Journal

First Name	SAM	MARY	SUE	GEORGE	LLOYD															
DATE Birth	05/17/30	10/27/52	04/18/62	06/24/64	11/12/67															
8-16-71	218																			
9-20-71			511B	257																
12-14-71					183															
12-24-71					183															
1-14-72	218																			
6-5-72		335																		
7-3-72		335																		

Family Tree and Health History

(Enter only first names and diagnostic code numbers for familial disease)



The family care journal is a cumulative record of medical care received by the entire family. It is fastened to the inside of the left leaf of the family folder where it is readily available for entries and reference for all members of the family. The diagnostic code number (R.C.G.P. classification) for the most important health problem dealt with during each visit is entered under the patient's name opposite the date of the visit. There are spaces for 15 visits with 10 members of a family. If space for additional visits is required, half sheets containing only the family care journal can be stapled over the underlying initial form.

The family tree and health history need be completed only once and yet it serves the entire family. The accuracy and completeness of its information can be enhanced by input from different family members at the time of their separate examinations.

It is necessary to keep the notes and reports separate on each individual within the family folder. We use metal staples to fasten together all data on each patient. These staples are removed as new pages are added.

Applications of Family Folders

Family folders afford the physician a tool whereby he can not only collate important information related to the family but also carry out research within the practice. Some of the uses of the family folder are as follows:

1. Utilization Patterns

Information on both over- and under-utilization can be obtained readily from the family care journal. A family may be neglecting the health problems of one child and at the same time be overly concerned with those of another child. The absence of medical care rendered to the husband can be noted and discussed at the time of his wife's examination.

We have done a preliminary study comparing families in which we had an active record for each member, "complete care families," with those in which we did not, "shared care families." We noted that both groups were fairly evenly represented across the whole spectrum of socio-economic classes and that there were no significant differences among the illnesses encountered in each group. We found that the main difference between these two groups was their utilization figures which are given in Table II. These interesting findings are not yet fully understood and are under further study.

2. Definition of Chronic Problems

We do not enter acute self-limited problems such as acute otitis media on our cumulative problem list. Frequent bouts of otitis media can be noted on the family care journal and the problem of recurrent otitis media will then be identified for entry on the problem list. The significance of recurrent acute problems is frequently overlooked in the setting of a large group practice where the patient may be seen by several different physicians, especially for acute problems. The family care journal is designed to call attention to these recurrent problems.

	Complete Care Families	Shared Care Families
Males	3.4	1.5
Females	4.0	1.3
All Adults	3.7	1.2
Children	2.5	2.1
All Patients	3.2	1.7

3. Intra-Family Diseases

The family care journal can offer evidence about the spread of contagious diseases within the family. Asymptomatic carriers of infectious organisms can sometimes be identified. Behavioral problems within the family can be analyzed by the same technique. Recurrent patterns of symptoms experienced by two or more members of a family could furnish clues concerning the etiology of those symptoms. Mother's headaches seen in relation to drug abuse by the oldest child, or recurrent abdominal pain in a child whose parents are in conflict are some obvious examples. The family tree and health history can alert the physician to potential genetic problems in the children by a completed detailed family history of illnesses that occurred on both sides of the family.

Discussion

The family folder is convenient and timesaving for the physician. At the time of their visits, patients frequently ask questions concerning treatment of other family members. Additional time spent retrieving and replacing charts is saved by reference to the family folder. The physician has the opportunity at that time to obtain and record follow-up information on other family members.

Although the family folder has more bulk and is somewhat more difficult to handle than individual charts, this disadvantage can be minimized to some extent by the careful pruning of reports. We retain only those reports which are most pertinent to patient care and file others in a holding file placed in a relatively inactive file area.

The family folder is recommended as a practical approach which augments the physician's capabilities for the continuous and comprehensive management of health care for the entire family, including the complex interactions and homeostatic mechanisms that characterize families and relate to the very essence of family medicine.

Reference

1. From J. An integrated system for the recording and retrieval of medical data in a primary care setting: part 2 — Classification of diseases. *J Fam Prac* 1:1:47-48, 1974.