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Continuing Education Outline

Title: Tips for Taking the Best Case History

Description: When patients come to clinic, they sometimes want you to guess what they have going on and are vague in their answers to our questions. This course will help you uncover the problems your patients are having so that your doctor will think you are the Sherlock Holmes of case history!

Objectives:

1. Identify the importance of a good case history
2. Identify when the case history should begin
3. Recognize the role of paraoptometrics in finding key components necessary for the doctor to diagnose and test appropriately for the patient's complaints
4. Provide step by step questions to ask for specific complaints

Outline:

I. Overview: 2 min

- a. *Introduction*
- b. *Why is the case history important?*
- c. *When should the case history start*
- d. *What are the key things to identify in the case history*
- e. *List of some of the key questions*
- f. *How can you be the best at taking a case history?*
- g. *Summary and Take-Home Pearls*

II. Why is the Case History Important? 10 min

- a. *Helps to lead/focus the eye exam*
- b. *Doctors rely on their assistants/staff to set up the exam to be as thorough and as efficient as possible*
- c. *Important for medical insurance to pay for the exam*
 - i. *Medical insurance will not pay for a 'routine eye exam' – vision insurance will*
 1. *Medicare looks at 3 areas of the history when considering payment*
 - a. *History*
 - b. *Examination*
 - c. *Medical decision making (Ophthalmic Technician.org, 2019)*
 - d. *How well you do in your case history can affect the amount of reimbursement your practice gets for doing the same amount of work (*note: determining the amount to code or bill for an exam is*

4. Are you driving?
5. Can you see both far away and up close?
- ix. Patient Ocular History Key Points to ask:
 1. When was the last eye exam?
 2. Who was the doctor (I like to have name and address)?
 3. What did they find/share?
 4. If wearing glasses/CL's: how long have they worn them, when do they wear them? If they do not wear them – why/why not? Do they sleep in them? Where last purchased?
- x. Patient Medical history
 1. Hx surgery, eye injury/infections
 2. Hx of eye medications
 3. Hx of eyes not straight
 4. ROS
- xi. Allergies – to medications or seasonal
 1. Important to ask what happens when they think they are allergic to something
 - a. Ex. patient stated family member was allergic to alcohol b/c they became violent after drinking

V. Some of the Key Questions to Include in Your Case History 8 min

- a. *Start with general questions and then go deeper*
 - i. When a symptom is given in the chief complaint, go deeper
 1. Ex. someone notices double vision
 - a. Questions to consider: when did they 1st notice the double vision? Is it sometimes or all of the time? In one eye or both? Are they side by side, up and down, or at a diagonal (show with hands), is there anything else happening when seeing the double vision (i.e. headaches, missing vision, high blood sugar?) do you have it now? Is it a new problem? Have you had it before?
- b. *Ask only 1 question at a time. Example: Is your vision blurry? At distance or near or both? Not, is your vision blurry at distance and near and during the day?*
- c. *Review of Systems*
 - i. Combining is good to increase efficiency when reviewing the sheet they have filled out
 - ii. Remember if it is negative, state this do not leave areas blank
 - iii. Organ specific details
 1. Pay attention to DM and HTN questions as these are eye related
- d. *Medications*
 - i. Note if someone is on blood thinners
 - ii. Ask for ocular involving medications – ex. on Plaquenil ever, how long, when stopped, dosages etc.
 - iii. Supplements and Vitamins
 1. I.e. If patient smokes/hx of smoking and taking eye vitamins – need to note this for the doctor to discuss
- e. *Family History*

- i. Pay careful attention to the ocular health history
- ii. Latex allergies
- f. *Social History*
 - i. Can be uncomfortable to ask especially if feel like you shouldn't be asking
 - I. *As a professional, these are important to note*
 - ii. Ask about recreational drugs, addictive drugs, smoking history, alcohol history
 - iii. Hobbies are good to help with goals especially if referring to low vision

VI. How Can You Enhance Your Case History Taking Skills? 5 min

- a. *Be friendly and conversational but professional*
- b. *Body posture – lean in*
- c. *Be thorough combining the diving deeper questioning*
 - i. *Ex. patient presents with “floaters” vs. “patient presents with floaters in the right eye after being hit in the head with softball 2 days ago. Denies veils flashes of light, but floaters are increasing. No family history of retinal detachments.”*
- d. *Practice makes perfect*
- e. *Taking time to listen to the patient for the follow up questions that your doctor asks the patients so that you can incorporate them into your intake*
- f. *School is never out for the pro: continue to learn at lectures, courses, etc.*

VII. Summary 3 min

- a. *The importance of a thorough case history to include a functional evaluation of their visual needs is important with cases that ‘don’t fit the mold’*
 - i. *Patients that frequent your practice may not be intentionally difficult; they just do not know how to express the problems they are having functionally with their vision*
- b. *Good case histories happen with practice and experience*
- c. *It is ok to ask questions and to try to get as much information as you can*
- d. *Ask your doctor what kinds of ‘deeper’ questions they like to ask with certain complaints so that you can do that for them*
- e. *A good case history speeds up the exam, helps the patient, your doctor, and your practice*

Bibliography

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