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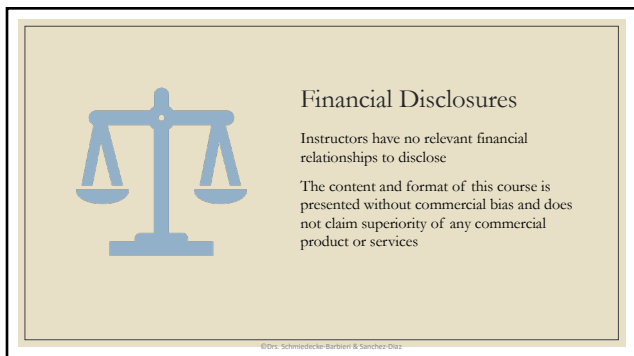
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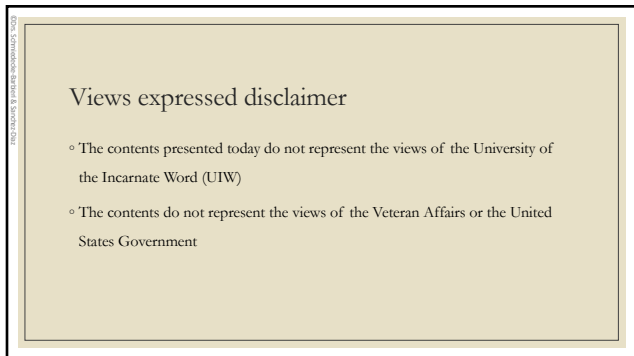
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Has this happened to you?



Sheppard.com

Fandango.com

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### Objectives

- Identify the importance of a good case history
- Recognize the role of paraoptometrics in finding key components necessary for the doctor to diagnose and test appropriately for the patient's complaints
- Provide step by step questions to ask for specific complaints

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### Overview

- Why is the case history important?
  - Summary
- When should the case history start?
  - Take home pearls
- Key things to identify in the case history
- List of key questions
- How can you be the best at taking a case history

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### The Patient History

- Patient history is the first and, many times, the most important aspect of the optometric exam
- Allows for an “organized discussion” with the patient
- informs the practice why the patient sought professional care
- directs the doctor in prioritizing the exam

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### Why is the case history important?

- CC = Exam Roadmap
  - Leads the exam/gives it a focus
  - Doctors rely on you to set up the exam with good history
  - Enhances efficiency in exam room
  - Necessity for insurance reimbursement

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### Medical Insurance

- Does not pay for a ‘routine eye exam’
  - Vision Insurance will
- Main elements to have in your history
  - CC
  - HPI
  - ROS
  - Medical for self and family
  - SH
  - Orientation X 3
  - These determine the level of the exam the doctor can charge

Based on the history, Doctor decides if exam is:

- Problem focused
- Expanded problem focused
- Detailed
- Comprehensive

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### Example of a good chief complaint

- "I'm here for my 3 month pressure check. My eyes seem to be more red on these new drops"
- This states why they are back and an additional problem to focus on
- TIP: try to get the name of the eye drop especially if it was not prescribed at your practice

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### Example of a poor chief complaint

- "I just got a reminder card in the mail that it was time for my checkup"
- Doesn't state a problem so a problem focused exam would be difficult
- TIP: the CC does not have to be the 1<sup>st</sup> thing you write down

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### Chief Complaint Tips When Initial is Poor

- Gather additional information
- Understand their ocular and systemic health
- Learn if they have issues reading mail, watching television, driving
- Look for something that might be important for the doctor to look at to optimize the patient's health

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### Poor Chief Complaint Improved

- After more questioning, you find that they have HTN
- You can ask them if they are concerned about their eye health and how HTN can affect that -> if yes, then you have a CC:
- "Patient is here for eye health exam to determine if there are any ocular changes related to his HTN

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### Case History Builds Patient Rapport

- Asking questions makes someone feel important
  - Get to know the patient, help them feel welcome
  - They will share more to help you with your exam
- The first encounter a new patient has with the practice is the front desk
- Second person = YOU

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### Case History Helps Your Patient Education

- Can share tips on how they can help prevent additional issues with their health
- Diabetic Patient
  - Nutrition
  - Diet
  - Exercise
- Glaucoma Patient
  - Medical Compliance
    - Permanent Vision Loss with poor compliance
  - Things they can ask the doctor about

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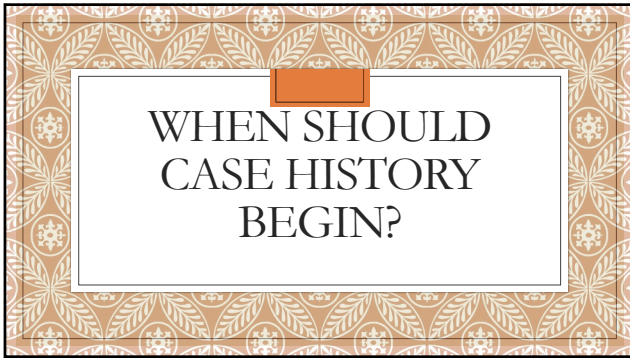
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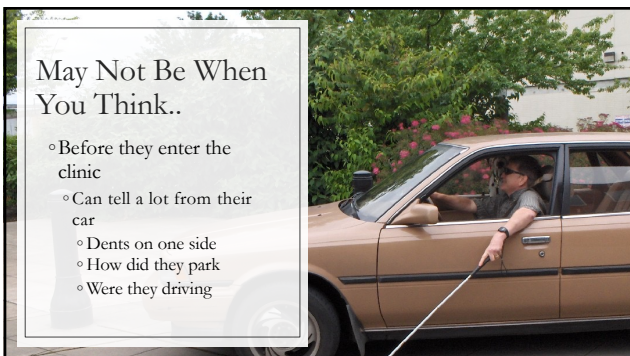
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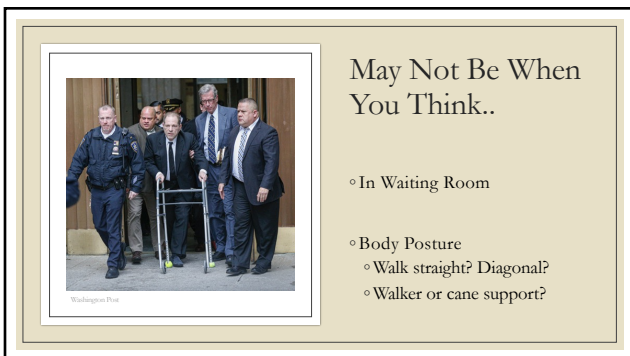
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backphoto.com

### May Not Be When You Think..

- Their physical appearance
- Soiled clothing
- One side tucked in
- Shaved one side of their face

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www.boredpanda.com

### May Not Be When You Think..

- Family Support/Lack of Support

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### To Quote or Not to Quote

- Important to notate who is giving the patient history
  - "Nurse's aid states..."
  - "Mom states:..."
- Can be verbal or nonverbal
  - Wife nodding in background

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**Case History Never Ends**

- Until the eye exam is done, the case history is still ongoing
- OK to go back after you have asked additional questions or started entrance testing to add to the case history
- Summarize at end of your history before doctor comes in
  - Ensures you have all information patient wants to relay

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**KEYS TO FIND IN CASE HISTORY**

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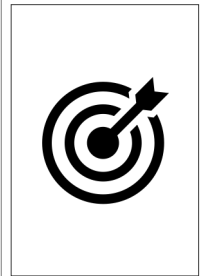
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**The Keys**

- Key #1: Good chief complaint
- Key #2: Thorough History of Present Illness
  - the details of the chief complaint – aka the 'meat'
  - Narrows down focus for doctor to get diagnosis quickly
    - How? 7 questions FOLDARS

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HPI: FOLDARS

- Frequency
- “How many times does it happen?”

Office depot.com

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HPI: FOLDARS

- Onset
- “When did the problem start (aka timing of the event)”

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HPI: FOLDARS

- Location
- “Where is it in, on/ around the eye”

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**HPI: FOLDARS**

- **D**uration
- “How long does it happen/have you had it?”

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**HPI: FOLDARS**

- **A**ssociated Signs and Symptoms
- “Do you notice anything else when this happens? Feel anything else?”
- Does not have to be limited to the eye/adnexa

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**HPI: FOLDARS**

- **R**elief
- “What if anything makes it better or go away?”

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**HPI: FOLDARS**

- Scale – 1-10
- “On scale 1-10 1 being nothing and 10 being the worst pain you have ever had, what would you rate your pain right now? Does that ever change?”

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**The Keys**

- Key #1: Good Chief Complaint
- Key #2: Thorough History of Present Illness
- Key #3: Activities of Daily Living Questions

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**Activities of Daily Living**

- Occupation: current/past – do they want to work?
- Living Situation
  - People
  - Stairs
  - Assisted living, etc
  - Driving?
- Hobbies/recreational activities

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### The Keys

- Key #1: Good chief complaint
- Key #2: Thorough History of Present Illness
- Key #3: Activities of Daily Living Questions
- Key #4: Patient and Family Ocular History

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### Key #4: Patient and Family Ocular History

- Last Eye Exam?
- Where?
- Doctor's Name
- Findings
- If CL wearer:
  - How long? When do they wear them? Problems wearing? Anything they would like to change?
  - Do they sleep in them?
  - Where last purchased?
  - Replacement schedule?

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### Key # 4: Patient and Family Ocular Hx

- Hx surgery, eye injuries or infections
- Hx of ocular medications (oral and topical)
- Hx of misaligned eyes/dancing eyes/temporary vision loss

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### The Keys

- Key #1: Good chief complaint
- Key #2: Thorough History of Present Illness
- Key #3: Activities of Daily Living Questions
- Key #4: Patient and Family Ocular History
- Key #5: Patient and Family Medical Hx

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### Key #5: Patient and Family Medical Hx/Patient Sx Hx

- Medical History (ROS patient, medical conditions of family)
  - How person is related to patient
- Surgical History (when, which eye, name of Dr if possible, done in US?)
  - Use ROS as a guide
  - Ie: DM – ask if had any lasers procedures, injections, amputations etc
  - Patients may not always elicit this info – detective work comes in here

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### The Keys

- Key #1: Good chief complaint
- Key #2: Thorough History of Present Illness
- Key #3: Activities of Daily Living Questions
- Key #4: Patient and Family Ocular History
- Key #5: Patient and Family Medical Hx
- Key #6: Allergies/Meds

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**Key #6: Allergies/Meds**

- Allergies
  - Allergic reaction vs. adverse reaction
- Current Medications
  - Dosage/frequency
  - Note any blood thinners
  - D/C'd meds – ex. Plaquinil
  - OTC

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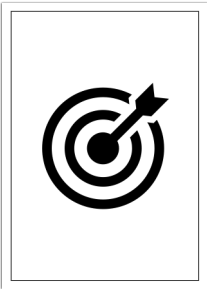
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**The Keys**

- Key #1: Good chief complaint
- Key #2: Thorough History of Present Illness
- Key #3: Activities of Daily Living Questions
- Key #4: Patient and Family Ocular History
- Key #5: Patient and Family Medical Hx
- Key #6: Allergies
- Key #7: Social Hx

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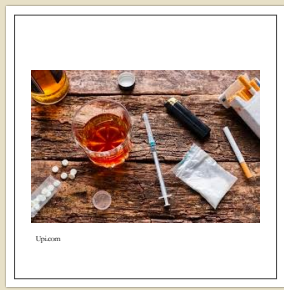
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**Key #7: Social Hx**

- Smoking
- Alcohol
- Recreational Drugs
- \*Note amount and frequency
- Can be uncomfortable

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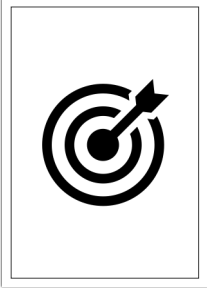
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**The Keys**

- Key #1: Good chief complaint
- Key #2: Thorough History of Present Illness
- Key #3: Activities of Daily Living Questions
- Key #4: Patient and Family Ocular History
- Key #5: Patient and Family Medical Hx
- Key #6: Allergies/Meds
- Key #7: Social Hx
- Key #8: Anything else they want to add?

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**Key #8: Anything else they want to add?**

- May not be a common question
- Now that your case history has been going on, trust is being built
- They may open up to you know
- Repeat a summary of what you have gone over with the patient (ie CC and what they may want to know from the doctor)
  - Helps to expedite exam time with doctor

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**WAYS TO ENHANCE YOUR CASE HISTORY SKILLS**

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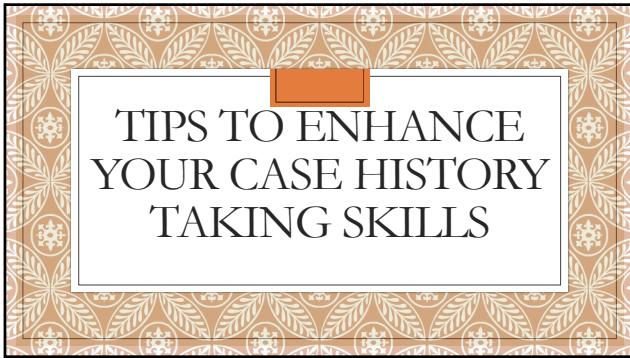
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TIPS TO ENHANCE  
YOUR CASE HISTORY  
TAKING SKILLS

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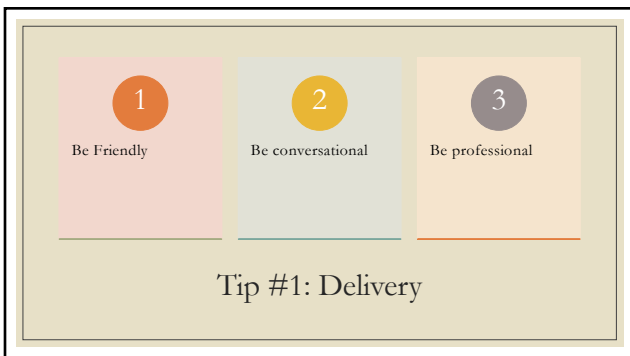
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1 Be Friendly      2 Be conversational      3 Be professional

Tip #1: Delivery

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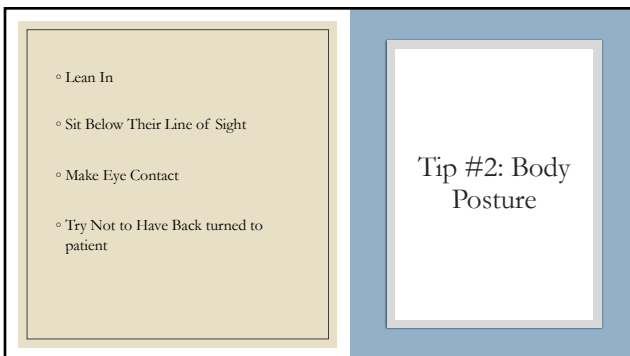
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- Lean In
- Sit Below Their Line of Sight
- Make Eye Contact
- Try Not to Have Back turned to patient

Tip #2: Body Posture

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**Tip #3: Be Thorough Combining the Deeper Dive Questioning**

- Ex: Patient presents for blurry vision
- Patient presents with blurry vision in the right eye 24 hrs later after being hit in the eye with a toy train. No family history of retinal detachments noted.



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**Tip #4: Practice Makes Perfect**

- Every patient is another opportunity to practice
- Don't worry about forgetting a question – it will come natural over time
- Think about what you have heard your doctor ask in follow up questions when they see the patient after your workup
- Consider role playing with fellow technicians or even your doctor if you are comfortable

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**Tip #5: School is Never Out for the Pro**

- Continue to learn more at conferences
- Read online articles on the art of communication, the art of asking questions, taking a case history etc

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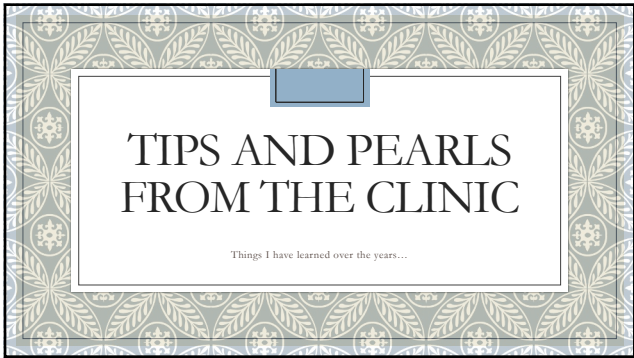
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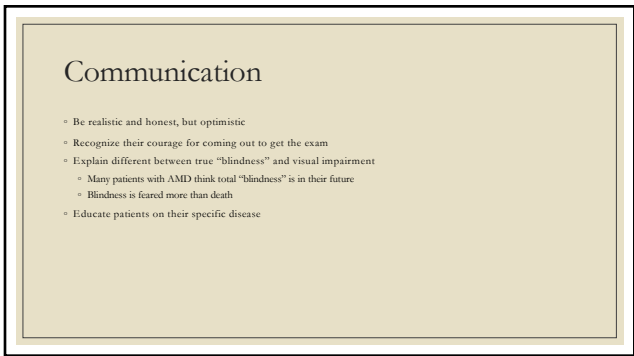
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**Reassurance is Key**

- Sometimes you need to affirm the patient's complaints
  - Charles Bonnet Syndrome
    - Visual hallucinations experienced by some low vision patients
    - Faces, lights, flowers, designs
    - You may be the first to diagnose this
- There are no magic glasses
  - Buyer beware
  - Many individuals attempt to take advantage of desperate people
  - Educate, educate

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**Some Clinical Experience Takeaways**

- Typically there is a device that will help
  - 80% of patients with vision loss have some form of useable vision
- Possible setbacks
  - Patient may reject it
  - Patient may not be able to afford it
  - Cognitive status can be a major problem
    - Patient cannot learn how to use it
- Don't give up, be positive, and choose words wisely. Not every patient is the same.

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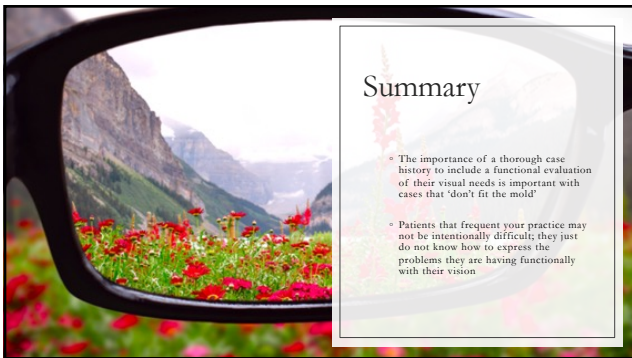
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**Summary**

- 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'
- 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

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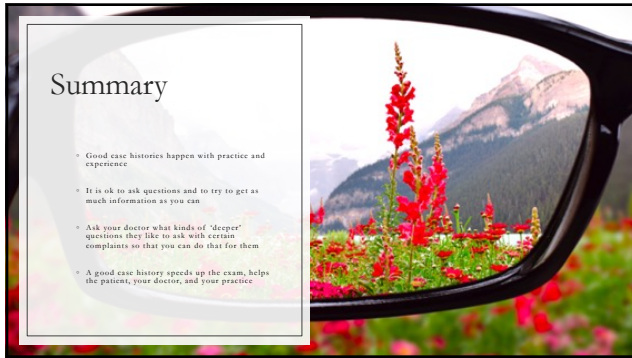
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