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Taking a Focused Ophthalmic History

Developing a routine for the questions you ask and an understanding of key words that patients may use to describe their symptoms is important when taking a focused ophthalmic history. Below you will find a guide to taking a patient history that is specific for problems related to the visual system.

- *Chief Complaint: What brings you in today?*
    - Patients often disclose key information that can guide the rest of the visit, although it may be helpful to direct patients for further clarification and to expound on certain complaints. Four broad categories of the chief complaint for eye problems are **(1) changes in vision**, **(2) changes in the appearance of the eye**, **(3) eye pain or discomfort**, and **(4) discharge**. Now may be a good time to ask if the problem has occurred before or if they ever sought/been treated for it. Some patients will be at the visit to follow-up on known conditions or surgical procedures. If the patient is present to follow-up on a specific problem, reading the assessment and plan from the prior visit can help identify if the patient was able to adhere to the agreed treatment plan or if their presentation has improved or worsened from the prior visit. Regardless, you should still elicit any new or recurring symptoms that they are having (vision, pain, appearance of the eye, or discharge).
- *History of the Present Illness*
- ***(1) To follow up on a concern about vision****:*
    - *Have you had any changes in your vision? Is the problem more noticeable at near or at distance?* Patients may respond stating that their vision is “blurry”, or that they have difficulty participating in activities due to vision. Timing, duration, and progression can help to differentiate refractive changes, development of presbyopia, new onset of an eye disease, or disease progression (cataracts, , corneal issues, retinal disorders, etc.).
    - Patients may complain of seeing things that are not there – such as flashes or floaters (symptoms of retinal tears or detachments).
    - Patients may complain of “lines looking wavy” or lights looking like “starbursts.” The appearance of “wavy lines” (metamorphopsia) can be from astigmatism or macular disease. Seeing “starbursts” can be a symptom of cataracts. Seeing halos around lights can indicate angle closure glaucoma, or corneal/lens issues.
    - Patients may complain of seeing double vision (diplopia) which has a broad differential. If a patient complains of diplopia, obtain the duration, positioning of the duplicate image (horizontal/vertical), and bilaterality (monocular vs. binocular diplopia) - all can help identify the potential cause of the diplopia.

- ***(2) Are there changes to the appearance of the eye?***
  - Red eye, droopy eyelid, turning of the eye, difference in pupil sizes (anisocoria), swollen eyelids

- ***(3) How does the eye feel? Are you experiencing any pain or discomfort?***
    - Quality, timing, duration, location
  - *Irritations: Are you experiencing any of the following?*
    - *Itching, gritty, foreign body sensation, burning, tearing, sharp, or dull.*

- ***(4) Is there any discharge?***
  - Watery, pus-like discharge, timing, laterality

- Other things to consider in the patient history:
  - History of Diabetes
    - High blood sugars can affect refraction. Before prescribing glasses or getting measurements for surgery, it is important that the patient's blood sugar is well managed – the last A1c can provide helpful insight.
    - A history of diabetes, especially uncontrolled blood sugars, also increases risk for development of ocular conditions.
  - Personal or family history of specific conditions:
    - Ophthalmic conditions such as glaucoma, retinal detachments, age related macular degeneration have a genetic component.
    - Autoimmune conditions can affect the visual system.
    - Hypertension can cause retinopathy and vasculopathy affecting the visual system.
    - Diabetes can cause retinopathy that must be screened for regularly and treated in a timely fashion to prevent blindness.
    - Childhood eye disease (like strabismus, cataracts, retinal disease) often affects adult visual functioning and has a genetic component.
    - Eye surgery can impact current function and future treatment.
    - Systemic medications that may affect visual function and require screening for deleterious effects (e.g. Plaquenil).
    - Allergies/sensitivities to medications, to avoid prescribing those or related substances for treatment.
  - If on drops, how are they taking their medications?
    - Note the *last time* the drops were used.
      - If a patient forgot to take their glaucoma mediation prior to their visit, that may cause a higher intraocular pressure reading.
    - Asking the patient to describe how they use their ocular medications could reveal difficulty with medication adherence (whether from remembering to use the medication, ability to afford and access medications, inability to open the medication, or a side effect - such as burning, redness).

- Sometimes patients will only know the color of the lid and not the name of their drops. Check out our guide on eye drop colors.

Sources:
https://www.aao.org/bcscsnippetdetail.aspx?id=596be3fc-c6ab-4291-98d8-4f38bbf1e523