



LECTURE TITLE

جامعة ساوية

كلية التقنيات الصحية والطبية

قسم تقنيات البصريات

المرحلة الرابعة

رقم المحاضرة 1

اسم المحاضر أ. حسين كاطع

CASE HISTORY

- Ø *Is a critical phase of the examination and marks the beginning of the diagnostic thought process. The patient history is the initial component of the examination. The patient's reason(s) for seeking an eye examination are established in the case history.*
- Ø *The examiner can now begin to develop his examination strategy based in the patient's chief complaints and routine background information gathered in the case history, the examiner can decide which phases of the examination to concentrate on and which problem-specific testing should be done.*

Purpose:

- o We must take information from the patient's chief complaint, visual function, ocular and systemic health, and lifestyle.
- o To establish a caring relationship with the patient. And choose the tests that patient needs
- o To begin the process of differential diagnosis and the process of patient education. An accurate history and examination are essential for correct diagnosis and treatment. Major components of the patient history include
 - a. **Interview:**
take patient's name, age, addresses, occupation, if smoking and other personal information's
 - b. **General health history:**
This may include a social history and review of systems
 - c. **Visual and ocular history**

1- Medical history: ((questions related with general health)) ..

How is your general health?

.. *Have you ever had any medical attention or any surgery?* ..

Have you ever used any medication?

.. *Have you ever been told that you have diabetes, high blood pressure, thyroid disease, heart disease, or any infectious disease? (Must know about each disease when it being and what the medication kind used).*

2- Ocular history: ((questions related to eye conditions)) ..

When was your last eye exam?

.. *Do you wear glass? (how long, for distance or near, are you comfortably with them, clarity, glass changing)*

.. *Have you had ever medical or surgery to your eyes?*

.. *Do you wear contact lens? (how long, for distance or near, are you comfortably with them, clarity, changing) any allergies*

.. *Do you have any abnormality in your eyes like "double vision, halos, black dots...?"*

3- Family medical and ocular history: ((ask about family general health, eye condition))

- Has anyone in your family had diabetes, HT, thyroid disease, heart

disease, (who, when, for how long, and what was the treatment)

- there are anyone of your family have keratoconus, any eye allergic, glaucoma

4- Chief complaint: ((open questions))

Why did you come in today? Are you having any problems with your eyes?

For each complaint, we ask about:

o **Frequency:** how often does this occur?

EXTERNAL OBSERVATION

- ü To identify gross abnormalities in the patient.
- ü There is no specific set-up.
 1. Be observant.
 2. In general, look for anything odd or unusual about the patient and any asymmetries between one side of the body and the other, paying particular attention to the face.
 3. Observation includes certain specific points of reference:
 - a. The patient's posture, including head tilts, gait, and carriage
 - b. The patient's head, face, and accessory ocular structures
 - c. The patient's eyes: their placement in his head, the conjunctiva, cornea, iris, and pupil
 4. Compare the patient's features to your concept of an expected normal appearance. Compare one side of his body and face to the other to note any asymmetries.

Take a look for this picture and try to find any abnormalities.
Record yours external observation.

