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# TWOP TIPS

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The World of Optometry*



**EFFICIENT WAY FOR  
HISTORY TAKING**



#TwopTips



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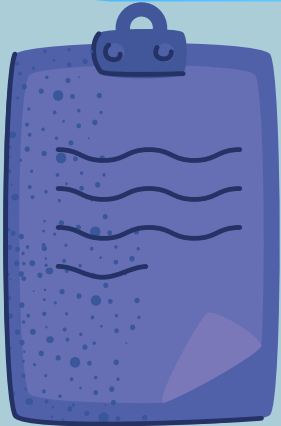


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# CHIEF COMPLAINT



## The Reason of The Visit

### Take a history using LOFTSEA :

- L : LOCATION : Eg. c/o headache, which area
- O : ONSET : Eg. BOV, sudden or progressively?
- F : FREQUENCY : Eg. Twitching, how often?
- T : TYPES & SEVERITY : Eg. Eye pain, Sharp or Dull pain?
- S : SELF TREATMENT : Eg. Eye drops or own remedy & the effectiveness
- E : EFFECT ON PATIENT : Eg. Glaring, does it affect night driving?
- A : Associated symptoms : Eg. Condition associated with c/o



## MEDICAL HISTORY & ALLERGIES



**Medical History:** History of systemic disease (duration, medications, compliance)

- Eg: Diabetes (DM) more than 10 years , on insulin twice a day (screen for diabetic retinopathy)
- Eg: Thyroid patient complains of diplopia (rule out for Graves' disease)

**Any Drug use For Medical Purpose:**

- Eg. Steroids use can cause early cataract

**Allergies:** Any allergies to medications, pollen, foods, etc.



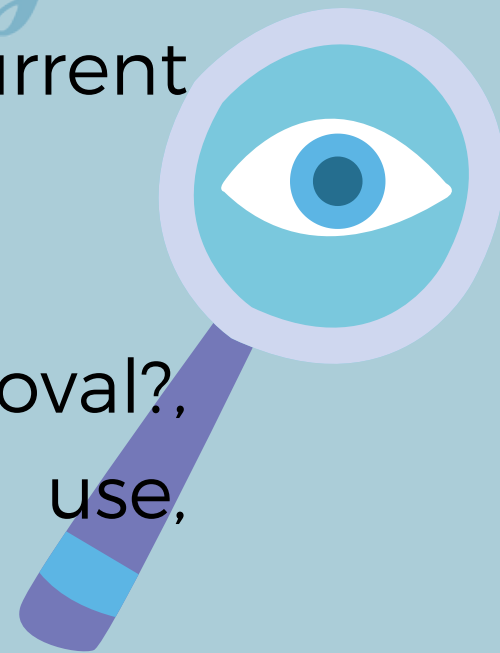
## OCULAR HISTORY

### Any Past Ocular Surgery/ Ocular Disease:

- Eg. patient complain of blurring of vision & done Cataract surgery 10 years ago, can suspect with posterior subcapsular opacities

### History of Spectacles or Contact Lens use:

- Spectacles: age started, how old is current specs, type, coating , comfort
- Contact lens; type of lens, FDA approval?, brand, duration of wearing, solution use, hygiene



## FAMILY & SOCIAL HISTORY

**Family History:** Any history of Refractive Error/ Ocular Disease/ Low vision/Blindness



- Eg. History of Squint, Anisometropia, Amblyopia, High Myopia, High Hyperopia, High Astigmatism, Glaucoma, Retinal Detachment, Albinism, Poor Vision, Corneal Dystrophies, Diabetes, Hypertension

**Social History:** Any Hobbies, Daily Tasks, Occupation, Smoking

## HISTORY TAKING TIPS

**Eye Contact:** Important to gain confidence from patient & to show active interest.

**Active Listening:** Give chance to what the patient has prepared to narrate before coming to the clinic & at the same time make sure the time is taken into account.

**Facial Expressions:** Give some expression while interacting with the patient during history taking to make them feel comfortable.

**Be Conversational:** if possible use communication boards/ drawings/ illustrations / translators & be open minded, don't always make assumptions & avoid interrupting.

**Psychological Factors:** look at things from the patient's view, understand the patient's state of mind.

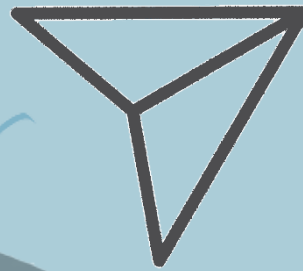




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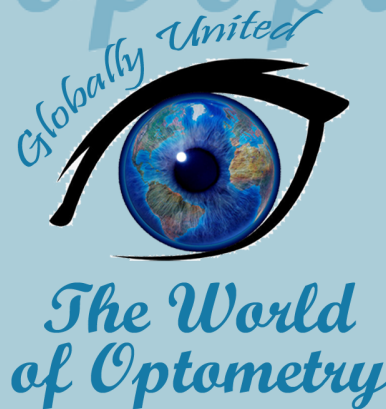


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