Case History - Station 1, Skill 1, Patient Data Form

Patient's Name:	Ben Lee	Race: Asian	Age:4	12 Gend	der: <u>M</u>	_ Date:	
What is your reasor	n for today's visit?	? pain in my eye					
Last Full Eye Exam	: 2 yrs Last Me	dical Exam: <u>6 mos</u> [Do you wea	ar glasses?	<u>yes</u> D	o you wear contacts? <u>no</u>	
			YES	NO			
Do you take any medications?			Χ				
Do you have any alle		X					
Do you use tobacco,	Х				_		
Developed Co	maile Hiatame «						
Personal and Fa	mily mistory (H	ave you or an immediate famil			the following	conditions?)	
Cataract			SELF	FAMILY			
Crossed eyes or lazy	eve						_
Retinal detachment, r					_		
Glaucoma		X			_		
Dry Eye			X				_
Blindness					/——		_
Cancer or tumor				X			_
Diabetes				â			_
Heart disease, high b	lood pressure, or b	lood disorders	$\overline{\mathbf{x}}$		-		_
Autoimmune or other	•						_
		her than already noted above)					_
, , ,							
Patient Review of	of Systems (Do)	ou have or ever have had any	of the follow	ing?)			
					YES		
Constitutional (e.g. fever, fatigue, weight loss/gain, frequent infections, chills, heat or cold intolerance					e) 🔲		
Cardiovascular (e.g. c							
Respiratory (e.g. cough, shortness of breath, wheezing)							
Gastrointestinal (e.g. heartburn, constipation, diarrhea, nausea, abdominal pain, appetite change)							
Genitourinary (e.g. genital lesions or discharge, frequent urination, pain with urination, blood in urine)							
Dermatologic (e.g. rashes, excessive dryness, lumps or growths, itching, skin color changes)							
Bone/Joint/Muscle (e.g. joint pain or stiffness, weakness, paralysis, cramping, deformities)							
Neurologic (e.g. numbness, headaches, blackouts, seizures, tremors, dizziness)							
		disturbances, mood, behavior			X		
		isturbance, sore throat, hoars					
Endocrine (e.g. hot flashes, hair loss, menstrual changes, excessive thirst or hunger, goiter)							
Allergic/Immunologic (e.g. swelling, hives, sneezing, chronic infections, exposure to HIV)							
Hematologic/Lymphatic (e.g. bleeding, bruising, swollen glands or nodes, blood transfusions, clots)							

Please verbally state your best tentative diagnosis after completing your case history but before starting the next skill.