

# Eyecare Examination Form

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Exam Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Gender M F Insurance \_\_\_\_\_  
 Occupation/School Grade \_\_\_\_\_ Physician \_\_\_\_\_ Last Exam/Eye Dr. \_\_\_\_\_

## Case History: S-Subjective Data

Chief Complaint/Reason for visit \_\_\_\_\_ Dr. Start Time: \_\_\_\_\_ **am**  
**pm**

History of Present Illness (HPI) Brief (1-3) \_\_\_\_\_ Extended (4-8) \_\_\_\_\_ Past, Family, & Social History (PFSH) Prob. Pertinent (1 area) \_\_\_\_\_ Complete (2 or 3 areas) \_\_\_\_\_

Location \_\_\_\_\_ Past Ocular: + - GLC + - CAT + - AMD + - Surgery  
 Quality \_\_\_\_\_ Medical: + - HTN + - DM  
 Severity \_\_\_\_\_ Family Ocular: + - GLC + - CAT + - AMD  
 Duration \_\_\_\_\_ Medical + - HTN + - DM  
 Timing \_\_\_\_\_ Social/Occup.:  
 Context \_\_\_\_\_ Special Visual Needs:  
 Modifying Factors \_\_\_\_\_ Medications:  
 Associated Signs or Symptoms \_\_\_\_\_ Additional Pertinent History:

Review of Systems (ROS) Problem Pertinent (1 system reviewed) \_\_\_\_\_ Extended (2-9 reviewed) \_\_\_\_\_ Complete (≥ 10 reviewed) \_\_\_\_\_

**Allergic/Immunologic** Neg. \_\_\_\_\_ **Ears, Nose, Mouth & Throat** Neg. \_\_\_\_\_ **Gastrointestinal** Neg. \_\_\_\_\_ **Integumentary** Neg. \_\_\_\_\_ **Psychiatric** Neg. \_\_\_\_\_  
 drug allergy  Upper Resp. Tract Infect  Crohn's  eczema  depression  
 environmental allergy  other  colitis  rosacea  manic disorder  
 rheumatoid arthritis  meds  ulcer  psoriasis  hypomania  
 lupus  other  digestive  other  other  
 other  meds  other  meds  
 meds

**Cardiovascular** Neg. \_\_\_\_\_ **Endocrine** Neg. \_\_\_\_\_ **Genitourinary** Neg. \_\_\_\_\_ **Musculoskeletal** Neg. \_\_\_\_\_ **Respiratory** Neg. \_\_\_\_\_  
 heart disease  non-insulin dependent diabetes  STD - viral, herpetic, chlamydia  fibromyalgia  cigarette smoker  
 hypertension  insulin-dependent diabetes  other  osteoarthritis  asthma  
 stroke  thyroid dysfunction  meds  ankylosing spondylitis  bronchitis  
 vascular disease  hormonal dysfunction  other  other  emphysema  
 other  meds  other  other  other  
 meds

**Constitutional** Neg. \_\_\_\_\_ **Eye** Neg. \_\_\_\_\_ **Hematologic/Lymphatic** Neg. \_\_\_\_\_ **Neurological** Neg. \_\_\_\_\_  
 developmental disability  C/D  anemia  multiple sclerosis  
 weight loss  C/M  large volume blood loss  other  epilepsy  
 fever  AM  leukemia  other  other  
 fatigue  Surgery  meds  other  other  
 trauma  Inflammatory disorders  other  other  
 other  meds  other  other  
 meds

Primary ROS taken today  Reviewed \_\_\_\_/\_\_\_\_/\_\_\_\_ ROS & PFSH today Initials: \_\_\_\_\_  
 Changes Noted: \_\_\_\_\_

Case History: Problem Focused \_\_\_\_\_ Expanded Problem Focused \_\_\_\_\_ Detailed \_\_\_\_\_ Comprehensive \_\_\_\_\_

## Physical Examination O-Objective \* = countable element for Documentation Guidelines

**VA \*** Unaided Dist PH 16"  
 OD 20/\_\_\_\_ 20/\_\_\_\_ 20/\_\_\_\_  
 OS 20/\_\_\_\_ 20/\_\_\_\_ 20/\_\_\_\_  
 OU 20/\_\_\_\_ 20/\_\_\_\_

Color OD \_\_\_\_/\_\_\_\_ **Visual Fields \*** OD Nrm Abnrm  
 Vision OS \_\_\_\_/\_\_\_\_ OS Nrm Abnrm  
 Stereo \_\_\_\_/\_\_\_\_ Method: CF FDT Auto  
 Dr. Initials: \_\_\_\_\_

**Tonometry \***  
 OD \_\_\_\_ OS \_\_\_\_ @ \_\_\_\_ AM PM  
 Method: Applanation NCT Tonopen

**Keratometry** Mires  
 OD \_\_\_\_ @ \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ CL / \_\_\_\_ +Dist  
 OS \_\_\_\_ @ \_\_\_\_ / \_\_\_\_ @ \_\_\_\_ CL / \_\_\_\_ +Dist

Retinoscopy  Autorefractor PD \_\_\_\_ mm  
 OD \_\_\_\_ - \_\_\_\_ x  
 OS \_\_\_\_ - \_\_\_\_ x

**Subjective Refraction**  
 OD \_\_\_\_ - \_\_\_\_ x \_\_\_\_ / \_\_\_\_  
 OS \_\_\_\_ - \_\_\_\_ x \_\_\_\_ / \_\_\_\_  
 ADD \_\_\_\_ OU \_\_\_\_ / \_\_\_\_

**Aided: w/Rx from** \_\_\_\_/\_\_\_\_/\_\_\_\_ **DBOC** \_\_\_\_ mm  
 OD \_\_\_\_ 20/\_\_\_\_  
 OS \_\_\_\_ 20/\_\_\_\_  
 OU \_\_\_\_ 20/\_\_\_\_  
 Add \_\_\_\_ 20/\_\_\_\_ Add Type \_\_\_\_\_

**Pupils** Dim Bright Direct  
 OD \_\_\_\_ mm \_\_\_\_ mm \_\_\_\_ mm  PERLLA  
 OS \_\_\_\_ mm \_\_\_\_ mm \_\_\_\_ mm  +  - APD

**Dist Phoria** Horiz \_\_\_\_ exo \_\_\_\_ Vert \_\_\_\_ RH  
 LH  
**Dist Vergence** BI \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 BO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Near Vision**  
 w/Dist Refraction \_\_\_\_ / \_\_\_\_ OU @ \_\_\_\_"  
 w/Near Add + \_\_\_\_ OU \_\_\_\_ / \_\_\_\_ OU @ \_\_\_\_"  
 PBU/Bin X Cyl

**Near Phoria** Horiz \_\_\_\_ exo \_\_\_\_ Vert \_\_\_\_ RH  
 LH  
**Near Vergence** BI \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 BO \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Accommodation** PRA- \_\_\_\_ NRA + \_\_\_\_ P/U \_\_\_\_

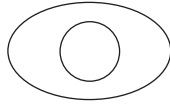
**Additional Testing/Contact Lens Info:**

**Motility \*** Dist Near  
**Cover** UCT  
**Test** ACT  
 FROM OU PD Dist/Near NPC  
**EOM**  Limited \_\_\_\_ / \_\_\_\_ / \_\_\_\_"

**Additional Testing/Notes:**

**BP** \_\_\_\_/\_\_\_\_ **LAS RAS**

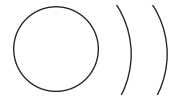
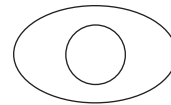
**Brief Assessment of Mental Status**  
 Noted orientation to time, place, person \*  
 Noted mood and affect \*  
 Comment \_\_\_\_\_



Clr  
Clr

**ADNEXAE \* :**  
LIDS, LASHES, PUNCTA  
GLANDS, ORBITS, NODES

Clr  
Clr



Clr  
Clr

**CONJUNCTIVA \* :**  
PALP CONJ  
BULB CONJ

Clr  
Clr



Clr  
I II III IV  
\_\_ cell \_\_ flare  
+ - RI FLAT  
\_\_+NS \_\_+CORT \_\_+PSC  
Clr

**CORNEA \* :**  
EPITH., STROMA, ENDOTH., TEARS  
ANGLE

Clr

I II III IV  
Clr \_\_ cell \_\_ flare  
FLAT + - RI  
Clr \_\_+NS \_\_+CORT \_\_+PSC

**ANTERIOR CHAMBER \* :**

**PUPIL & IRIS \* :**

**LENS \* :**

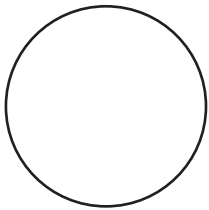
DPA: \_\_gtt OD OS OU  Paremyd  0.5%T  1.0%T  2.5%P  1.0%C Time \_\_pm  1gt Fluress OU  Reveyes Used  Reveyes Refused

DILATED FUNDUSCOPY:  BIO  DIRECT  VOLK-SLE

(No credit for undilated exam in coding)

UNDILATED FUNDUSCOPY:  DIRECT  VOLK-SLE

Dilation Refused \_\_\_ Reappointed \_\_\_/\_\_\_/\_\_\_



DISC

PVD FLOATERS Clr

\_\_ H \_\_ V  
I II III IV  
DIST INDIST

**VITREOUS**

**DISC ASSESSMENT \* :**

**C/D**

**CUP TYPE**

**MARGINS**

**POSTERIOR POLE \* :**

**PERIPHERY**

**A/V RATIO**

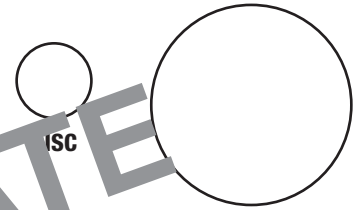
**MACULA**

**FOV. REFLEX**

Clr PVD FLOATERS

\_\_ H \_\_ V  
I II III IV  
DIST INDIST

Clr  
<1/2 1/2 2/3 >2/3  
Clr \_\_ RPE Dis \_\_ Drusen  
- +



DISC

Physical Exam: Problem Focused (1-5) \_\_\_ Expanded Problem Focused (6-8) \_\_\_ Detailed (9) \_\_\_ Comprehensive (All ophthalmic, both mental) \_\_\_

**Medical Decision Making: A-Assessment of Data and P-Plan**

Diagnoses:

Management Options:

Intermed Visit Components:

- 1.
- 2.
- 3.
- 4.

- 1.
- 2.
- 3.
- 4.

- \_\_\_ Problem or New Problem
  - \_\_\_ History
  - \_\_\_ Gen. Med. Observation
  - \_\_\_ External Exam
  - \_\_\_ Other Dx Procedures
  - \_\_\_ Initiation/Cont. Dx/Tx Prog
- All req. for 92002 or 92012

Total Number of Diagnoses + Number of Management Options 1 2-3 4-5 6+

Special Considerations:

Risk Minimal Low Moderate High

Final Rx:

	Sph	Cyl	Axis	Prism	Add
OD					
OS					

Dr. End Time: \_\_am  
\_\_pm

Other Notes/Drawings/Follow-up/GL Check:

Total doctor/patient face-to-face time \_\_\_ min.

Time spent in counseling & coordination of care \_\_\_ min. For: \_\_\_

Medical Decision Making: Straightforward \_\_\_ Low Complexity \_\_\_ Moderate \_\_\_ High \_\_\_

CPT Code(s): History \_\_\_ Physical Exam \_\_\_ Med Decision Making \_\_\_ Office Visit Code \_\_\_  
Other Codes \_\_\_

**E-Education**

Next Visit: \_\_\_ Day \_\_\_ Week \_\_\_ Month \_\_\_ Year

Letter sent to MD  Discussed

Told side effects of dilation

Patient/Parent told of plan

Given MydSpecs

Other Instructions:

Doctor Signature \_\_\_\_\_ Print Full Name \_\_\_\_\_ License # \_\_\_\_\_